

# COVID-19 Vaccination Record Card



Please keep this record card, which includes medical information about the vaccines you have received. [REDACTED]

Por favor, guarde esta tarjeta de registro, que incluye información [REDACTED]

Last Name [REDACTED] / 103 First Name MI  
Date of birth Patient number (medical record or IIS record number)

Vaccine	Product Name/Manufacturer Lot Number	Date	Healthcare Professional or Clinic Site
1 <sup>st</sup> Dose COVID-19	Pfizer FC3180	8/14/21 mm dd yy	Rite Aid 4426
2 <sup>nd</sup> Dose COVID-19	Pfizer FE3592	9/5/21 mm dd yy	Walgreens 24313
Other		___/___/___ mm dd yy	
Other		___/___/___ mm dd yy	



COVID-19 Vaccine Medical Exemption Request

Medical Exemption Request (to be completed by medical provider)

Patient information:

Last Name [redacted] First Name [redacted] Middle Initial [redacted]

Date of Birth [redacted] 2003

Medical Provider Certification of Contraindication: I certify that my patient (named above) should not be vaccinated against COVID-19 because they have one of the following contraindications as set forth by the CDC. [Complete the appropriate section and sign the bottom of the form].

Documented anaphylactic allergic reaction or other severe adverse reaction to any COVID-19 vaccine – e.g., cardiovascular changes, respiratory distress, or history of treatment with epinephrine or other emergency medical attention to control symptoms. Generally, this does not include gastro-intestinal symptoms as the sole presentation of allergy. Describe the specific reaction:

\_\_\_\_\_  
\_\_\_\_\_

Documented allergy to a component of the COVID-19 vaccine – does not include sore arm, local reaction or subsequent respiratory tract infection. Describe the specific reaction:

\_\_\_\_\_  
\_\_\_\_\_

Medical Provider Certification of Medical Exemption: I certify that the patient identified above cannot safely receive the COVID-19 vaccination due to:

Other documented medical condition. Note that the medical condition must constitute a disability under the Americans with Disabilities Act. Explain in detail the medical condition and the reasons why you believe the patient should not receive the COVID-19 vaccine:

11-17-21 Blood Clot in leg rushed to E.R. on Xarelto for 3 mo. off feb. 17, 2022 for 2 weeks. 3-2-2022 pain back ultrasound done. back on Xarelto for 3 more months.

Medical Provider Certification of Deferment: I certify that the patient named above is requesting a deferment of the COVID-19 vaccine due to:

A limited term inability to receive the COVID-19 vaccination (such as due to receipt of Monoclonal antibody or convalescent plasma for the treatment of COVID-19 in the last 90 days, pregnancy, or breastfeeding).



Important Note: Guidance from the CDC currently states that pregnant and breastfeeding people can get the COVID-19 vaccine. The CDC also notes that pregnant and recently pregnant people are more likely to get severe illness and/or suffer preterm birth with COVID-19 compared with non-pregnant people. Those who are pregnant, or breastfeeding can receive a COVID-19 vaccine and getting the COVID-19 vaccine during pregnancy can protect from severe illness and pre-term birth from COVID-19.

Expiration of deferment: June 2022  
Signature of Healthcare Provider: \_\_\_\_\_ License # \_\_\_\_\_  
Name (print): \_\_\_\_\_ Address/Clinic Stamp: \_\_\_\_\_ Phone: \_\_\_\_\_

### Letter Details



TRINITY HEALTH IHA MEDICAL GROUP PEDIATRICS - GENOA  
2305 GENOA BUSINESS PARK DR S 240  
BRIGHTON MI 48114-7005  
Phone: 810-494-6820  
Fax: 810-229-0747

August 23, 2022



To Whom it May Concern:

██████████ is a patient of mine and had covid-19 in 2021. See below for his test results.

If you have any questions or concerns, please don't hesitate to call.

**Contains abnormal data POC Rapid SARS-COV2-RNA, Molecular manually resulted**

Order: 36234931

Status: Final result  
Visible to patient: Yes (seen)  
Next appt: None  
Dx: SARS-associated coronavirus exposure  
0 Result Notes

Component	Ref Range & Units	1/6/21 15:27
<input checked="" type="checkbox"/> COVID-19/SARS-COV-2 Rapid POC	Negative	Positive Abnormal

Specimen Collected: 01/06/21 15:27

Last Resulted: 01/06/21 15:27

- [Lab Flowsheet](#)
- [Order Details](#)
- [View Encounter](#)
- [Lab and Collection Details](#)
- [Routing](#)
- [Result History](#)

Sincerely,



CC: No Recipients

[Back to the Letters page](#)



A-204 Clinical Center  
804 Service Road  
East Lansing, MI 48824

Phone: (517) 353-5053  
Fax: (517) 432-2243  
www.rad.msu.edu

[Redacted]  
Olin Health Center  
463 East Circle Drive  
Michigan State University  
East Lansing, MI 48824

**PATIENT:** [Redacted]      **ARIS ID #:** [Redacted]      **SEX:** M      **EXAM DATE:** 07/18/2022  
**MED REC #:** [Redacted]      **AGE:** 19      **BIRTH DATE:** [Redacted] 2003

Finalized: 7/18/2022

**LEFT EXTREMITY VEINS, ULTRASOUND**

7/18/2022 9:45 AM

History: Follow-up left leg DVT. Still taking blood thinners.

Technique: Grayscale color Doppler and spectral Doppler ultrasound attention left leg veins.

Comparison: Left leg venous ultrasound 3/2/2022.

Findings: There is persistent thrombosis in the deep and superficial veins, but with definite improvement from 3/2/2022.

The common femoral vein, deep profunda femoral vein, proximal and mid superficial femoral vein are patent with good flow and augmentation. Persistent chronic completely occluding thrombus in the distal superficial femoral vein there is a large amount of thrombus occluding the popliteal vein with no compression, but with a small peripheral partial recanalization. Posterior tibial vein show improvement, now showing flow and compression. There were previously excluded. The peroneal veins show limited flow and compress. The anterior tibial vein compresses.

The greater saphenous vein is patent and compressible at the origin, mid thigh, calf and ankle. The lesser saphenous vein is chronically occluded with no visible flow, appears to be partly compressible. This thrombus may be softening but still present. The gastrocnemius veins are compressible, no visible thrombus.

No obvious superficial edema.


**IMPRESSION:**

1. Persistent deep venous thrombosis in the distal superficial femoral vein and popliteal vein.
2. Improvement in the calf veins with restoration of flow in the posterior tibial vein.
3. Chronic occlusion of the lesser saphenous vein.
4. Gastrocnemius veins are no longer occluded.
5. Technologist called the report to the doctor's office at the time of exam on 7/15/2022.

[Redacted]  
Radiologist  
Finalized 7/18/2022 10:52 AM

[Redacted]  
Ordering Physician: [Redacted]

## Exemption appeal denied

 MSU COVID-19 Exemption Request

9:30 AM

To You

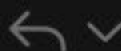
...

Hello, this message is to inform you that your appeal for COVID-19 vaccine exemption request #17697 has been denied. Without an approved exemption or vaccination, you are not in compliance and will face discipline unless you immediately receive a COVID-19 vaccine and update your MSU vaccine verification form, indicating you have done so.

To check on the status of your exemption request or update it, please visit

<https://covidresponse.msu.edu/vaccine-queue/queue>.

Thank you.



Reply

<b>Request #</b>	<b>Type</b>	<b>Status</b>	<b>Submitted Date</b>	<b>Date of Last Status Update</b>
17697	Medical	Appeal Denied	07/11/2022	08/22/2022
10500	Medical Deferment	Approved	03/02/2022	03/17/2022
10360	Medical	Cancelled	02/23/2022	02/23/2022

