

Verification of Medically Ineligibility Status

Individuals who are medically ineligible for mRNA COVID-19 vaccines includes:


1. Person who developed an allergic reaction to a previous dose of any mRNA COVID-19 vaccine;
2. Person who developed myocarditis or pericarditis following administration of any mRNA COVID19 vaccine;
3. Person who developed a severe adverse reaction to a previous dose of any mRNA COVID-19 vaccine and had been determined that he/she should not receive a second mRNA vaccine dose;
4. Person who has not taken any COVID-19 mRNA vaccine but has been determined to be allergic to polyethylene glycol (PEG)/ polysorbate through a positive skin prick/ intradermal test; or
5. Person with/ under the following condition(s)/ treatment¹:
 - (1) Transplant within past 3 months; and/or
 - (2) Aggressive immunotherapy; and/or
 - (3) Active cancer on treatment.

MIW would need to be certified by doctors and provide a doctor's memo. Image 1 below illustrates a sample of the doctor' memo to certify the medically ineligible status. Individuals who lost their doctors' memo could go to a Public Health Preparedness Clinic (PHPC) clinic or other General Practitioner (GP) clinics to re-obtain a memo at their own charge. MIW could also provide the SMS notification that they are allergic to mRNA COVID-19 vaccine. sent to that person.

[This part is intentionally left blank]

¹ Refers to patients in the listed groups who have been previously assessed by a doctor to be unsuitable to take the mRNA COVID-19 vaccines. This is however not an absolute contraindication to mRNA COVID-19 vaccinations. Please refer to MOH Circular No. 101/2021 for updated recommendations on contraindications and indications to mRNA COVID-19 vaccines.

Image 1: Sample of Certification of Medically Ineligibility Status



MINISTRY OF HEALTH
SINGAPORE

CERTIFICATION OF MEDICAL INELIGIBILITY FOR mRNA COVID-19 VACCINES

Full Name
(as per NRIC/FIN/Passport):

NRIC/FIN/Passport Number:

Contact Number

To whom it may concern,

This is to certify that the above-mentioned person is medically ineligible for mRNA COVID-19 vaccines because he/she is a:
(Please tick where appropriate)

☐ Person who developed an allergic reaction to a previous dose of any mRNA COVID-19 vaccine; or

☐ Person who developed myocarditis or pericarditis following administration of any mRNA COVID-19 vaccine; or

☐ Person who developed a severe adverse reaction to a previous dose of any mRNA COVID-19 vaccine and had been determined that he/she should not receive a second mRNA vaccine dose; or

☐ Person who has not taken any COVID-19 mRNA vaccine but has been determined to be allergic to polyethylene glycol (PEG)/ polysorbate through a positive skin prick/ intradermal test; or

☐ Person with/ under the following condition(s)/ treatment¹:

☐ Transplant within past 3 months; and/or

☐ Aggressive immunotherapy; and/or

☐ Active cancer on treatment.

Please indicate the date when the above criteria will cease (where applicable): _____

Additional comments:

Thank you.

Stamp/ Signature/ Date:

Name and MCR No of Certifying
Medical Practitioner:

Clinic/ Hospital Name:

Contact Number:

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