

# Request for an Exception to the COVID-19 Vaccination Requirement Due to Student's Medical Condition



Sidwell Friends School (the “School”) is committed to the safety and health of its community and to providing excellent, in-person educational programming for its students. The School has therefore implemented a policy whereby all vaccine-eligible students must be vaccinated for COVID-19 prior to the start of the 2021/22 school year.

However, the School will review, on a case-by-case basis, requests for an exemption from this vaccination requirement by those students who will not receive a vaccine for medical reasons. A parent/guardian seeking such an exemption for a student must upload this form to Magnus Health (click “Health Forms” on the [Parent Portal](#)) by July 15, 2021, which includes certification by the student’s healthcare provider on the following information:

1. Certification that (a) the student has a contraindication to all of the available COVID-19 vaccines, and/or (b) the student’s physical condition or medical circumstances are such that COVID-19 immunization is not considered safe; and
2. The specific nature and probable duration of the student’s medical condition or circumstances that contraindicate immunization with the COVID-19 vaccine.

This information will be used by Health Services or other appropriate personnel to engage in an interactive process to determine whether the student is eligible for an exemption to the School’s COVID-19 vaccination policy and, if so, to determine the reasonable accommodations that can be provided that would enable the student to participate in School without posing a threat of harm to self or others.

*Please fill out the form on the next page.*

# Request for an Exception to the COVID-19 Vaccination Requirement Due to Student's Medical Condition



## Instructions for completing this form

Return to Sidwell Friends School via Magnus Health by July 15, 2021

**Section 1:** Enter student information

**Section 2:** Licensed healthcare provider signs and dates certifying that the student has a valid medical contraindication(s) to being immunized against COVID-19.

**Section 3:** Parent/guardian and student (if 18 years or older) signs and dates request for a medical exemption from the COVID-19 vaccine.

Section 1: Student Information			
Name	Date of Birth	Division	
Street Address	City	Zip	Phone
Name and Address of Healthcare Provider	City	Zip	Phone

Section 2: Licensed Health Practitioner's Certifications   To be completed by licensed health care provider
1. Please describe the nature of the student's medical condition.
2. What is the medical contraindication for this student to receive the COVID-19 vaccine? Please describe the contraindication (e.g. severe immunodeficiency, anaphylactic reaction to vaccines, etc.).
3. Is this medical contraindication permanent or temporary? Permanent      Temporary until _____ (date)

*continued on next page*

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**Section 2: Licensed Health Practitioner's Certifications | To be completed by licensed health care provider**

This child has been appropriately examined and health history reviewed and recorded in accordance with the items specified on this form.

I certify that the above named child has a valid medical contraindication(s) to being immunized at this time against COVID-19.

Licensed Health Care Provider Office Stamp:

\_\_\_\_\_  
*Provider Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Provider Name*

\_\_\_\_\_  
*Provider Phone Number*

**Section 3: Signatures of Parent/Guardian and Student if 18 years or older**

**Medical Exemption for COVID-19 Vaccine**

By signing below, I am requesting that the School consider making a medical accommodation exempting my child from the requirement that all vaccine-eligible students receive a COVID-19 vaccination.

I agree to engage in an interactive process to determine my child's eligibility for an exemption to the School's COVID-19 vaccination policy. I also understand that the School may deny my exemption request (or may subsequently withdraw its approval) if it determines that my request is not reasonable, poses a direct threat to the health and/or safety of others in the School and/or to my child, or creates an undue burden for the School.

I verify that the information I am submitting in support of my request for an accommodation for my child is complete and accurate to the best of my knowledge.

\_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Print Name of Parent/Guardian*

\_\_\_\_\_  
*Signature of Student if 18 years or older*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Print Name of Student if 18 years or older*