



**Princeton Day School  
Vaccination Exemption Form**

Princeton Day School requires eligible individuals to be fully vaccinated against COVID-19, no later than August 23, 2021. This requirement is necessary to protect the health and safety of our students, faculty and staff.

To request an exemption from the vaccine requirement, the individual making the request must complete section 1 below, and a section 2 or 3 must be completed based on the exemption request. For section 3, a medical professional must complete the form, including reasons for the proposed exemption.

This form must be completed and submitted by Friday, July 23 to [healthoffice@pds.org](mailto:healthoffice@pds.org).

**SECTION 1: TO BE COMPLETED BY THE INDIVIDUAL**

Name (print):	Date:
STUDENT or FACULTY or STAFF (please circle)	Cell Phone:
Medical or Religious Exemption (please circle)	Email:

I am requesting an exemption from Princeton Day School's mandatory COVID-19 vaccination policy.

I verify that the information I am submitting to substantiate my request for exemption is true and accurate to the best of my knowledge.

I further understand that Princeton Day School is not required to exempt me from the vaccine requirement as an accommodation if doing so would pose a direct threat to myself or others in the community or would impose an undue hardship for Princeton Day School.

**APPLICABLE TO ALL APPROVED APPLICATIONS:**

I understand the risks of being non-immunized from COVID-19 in a school campus environment where I will come into close contact with others who might carry and/or transmit the COVID-19 virus. If my application is approved and I choose not to be vaccinated, I release Princeton Day School and its trustees, employees, and agents from all responsibility for any resulting injury or illness I might incur due to contracting COVID-19.

I also acknowledge and agree to comply with the following requirements for non-immunized students:

- A. I will always wear a mask inside the school building.
- B. If I test positive for COVID-19, I may be excluded from campus for a period of 10 days.
- C. My meals may require me to be socially distanced and require additional modifications.
- D. Any other modifications or requirements communicated by the School.

I certify that the information provided is accurate and complete.

\_\_\_\_\_ Date: \_\_\_\_\_  
Individual signature [required]

\_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/guardian signature if the individual is younger than 18.)

**SECTION 2: RELIGIOUS EXEMPTION (Fill out Section 2 or Section 3 - *not both*)**

This form is to enable us to obtain the information needed to evaluate your request to be exempt from the mandatory COVID 19 vaccine requirement due to a religious exemption. **Please complete this form and return it to: [healthoffice@pds.org](mailto:healthoffice@pds.org) no later than July 23, 2021.**

Please state the reasons for your request for a religious exemption from the COVID-19 vaccination.

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

**SECTION 3: MEDICAL PROVIDER'S CERTIFICATION FOR VACCINATION EXEMPTION (Fill out Section 2 or Section 3 - *not both*)**

This form is to enable us to obtain the information needed to evaluate your request to be exempt from the mandatory COVID 19 vaccine requirement due to a medical contraindication.

**Please ask your Healthcare Provider (HCP) to complete this form and return it to: [healthoffice@pds.org](mailto:healthoffice@pds.org) no later than July 23, 2021.**

If we do not receive the medical information requested, by July 23, 2021, a decision regarding your request for exemption will be made using the information available to us.

**Instructions to the individual:** Write your name, date of birth and give to your Medical Provider.

**Student Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

Dear Medical Provider,

Princeton Day School requires eligible individuals to be vaccinated against COVID-19 as a precondition to participate in in person, on-campus activities for the 2021-2022 school year. The individual named above is a member of the Princeton Day School community who is seeking a medical exemption to this policy. Please complete this form to assist Princeton Day School in verifying a medical contraindication to the vaccination.

Please provide below information related to any medical condition that would prohibit the individual named below from receiving one of the COVID 19 vaccines ("Condition"). You are not requested to provide information about any other medical condition the Patient may have.

Can the Patient safely receive any of the approved COVID-19 vaccines? If not, please indicate why.
Are you recommending that the Patient not receive a COVID-19 vaccine? Which medical contraindication applies?
This exemption should be: (Circle and date if applicable)  Temporary, expiring on: ___/___/____, or Permanent

I certify the above information to be true and accurate, and request exemption from the COVID-19 vaccination for the above-named individual.

Medical Provider Name (print): Practice Address/Stamp: Medical Provider

Signature: \_\_\_\_\_

Provider Phone: \_\_\_\_\_

Date: \_\_\_\_\_