

Northshore School District
MEDICAL EXEMPTION REQUEST FORM – COVID-19 VACCINATION

The District requests that you complete and attach this form to your COVID-19 Vaccination task in Records.

The Northshore School District will reasonably accommodate the medical practices of its employees and prospective employees in compliance with federal and state law. However, the Northshore School District is not obligated to grant an accommodation specifically requested by an employee or prospective employee in every circumstance.

Section 1 (Employee):
Medical Exemption Request for Vaccination Exemption

Employee Name:		Employee ID Number:	
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___ I am requesting a Medical Accommodation with Northshore School District.

I certify that I have read and understood the information provided in this request, and that I have truthfully completed it based on my knowledge, information, and belief. I understand that this form will be stored separately from my personnel file.

Employee Signature: _____ Date: _____

Section 2 (Employee Medical Provider):
Medical Certification for Vaccination Exemption

Employee (Northshore School District) Name:

Dear Medical Provider,
Washington State requires vaccination against COVID-19 for K-12 School Employees as a condition of employment. The individual named above is seeking an exemption to this requirement due to medical contraindications.

The person named above should not receive the COVID-19 vaccine due to: _____

What is your area of practice and/or medical expertise? _____

When did you begin treating this patient? Date: _____

When is the last time you treated this patient? Date: _____

This exemption should be:

Temporary, expiring on: ____/____/____ or when _____

 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): _____

Medical Provider Signature: _____ Date: _____

Practice Name: _____

Phone: _____

Address: _____