



Lake Washington School District
MEDICAL EXEMPTION REQUEST FORM
FOR VOLUNTEERS – COVID-19 VACCINATION

Instructions:

Please complete and return to volunteers@lwsd.org. Upon completion, save a copy, and either add a digital signature, or print, sign, date, scan and send.

Lake Washington School District will reasonably accommodate the medical practices of its volunteers in compliance with federal and state law. However, Lake Washington School District is not obligated to grant an accommodation specifically requested by a volunteer in every circumstance.

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

Volunteer Full Name:

Volunteer Email:

I am requesting a Medical Accommodation with Lake Washington 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 with volunteer files.

Volunteer Signature: _____

Date: _____

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

Volunteer (Lake Washington School District) Name:

Dear Medical Provider,

Washington State requires vaccination against COVID-19 for K-12 School Volunteers as a condition of volunteering. 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: _____

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: _____

LWSD Review

Reviewed by: _____ Approved/Denied (circle one)

Date: _____