

Granada Hills Charter Student Medical Exemption to COVID-19 Vaccine

Page one to be completed by the student's parent or guardian

Page two to be completed by California Licensed Physician (MD or DO only)

Digital signatures shall NOT be accepted

Submit completed form to ghccovidmedexemption@ghctk12.com

To be Completed by the Parent:

STUDENT NAME (Last, First, Middle):		BIRTHDATE:	STUDENT ID#
SCHOOL NAME:	SCHOOL YEAR:	GRADE:	GENDER:

Exemption Due to Physical Condition or Medical Circumstance

I understand that due to the pandemic, combined with any additional personal risk factors (*school exposure, comorbidities, congregate or group living status, etc.*) the child may be at increased risk of acquiring COVID-19 with the potential for severe and fatal consequences. I have reviewed information about this vaccine and discussed with my medical professional the risks and benefits of my child not being vaccinated.

I understand that, whenever the School has good cause to believe that a pupil who is not completely immunized against a particular communicable disease may have been exposed to that disease, the School shall immediately inform the local health officer. The local health officer shall determine whether the pupil is at risk of developing or transmitting the disease and if so, may require the exclusion of the pupil from that school until the completion of the incubation period or if infection is suspected or occurs until completion of the period in which the disease is communicable.

Exemptions that are approved will only be granted for the current academic school year and only for the duration of time within the school year that vaccination against COVID-19 is not indicated for the student based on their medical condition and in accordance with guidelines issued by vaccine manufacturers and public health/medical authorities.

Parent/Guardian Consent for Release of Information

I, (parent/guardian _____), authorize (name of physician) _____ to provide GHC with information contained in my child's medical record, including, but not limited to records supporting this request.

Parent/Guardian Physical Signature: _____ Date: _____

To be Completed by the California Licensed Physician:

Indicate the medical condition or medical circumstances for which the School required COVID-19 vaccine is not recommended and why specifically it would be dangerous to the student’s health for them to be vaccinated against COVID-19. *I understand that, for the protection of the child and other students, the child may be excluded from attending school for prolonged periods during outbreaks or exposure to disease for which immunization has not been completed.*

How many days do you recommend that the student be exempted from vaccination against COVID-19, and on what indications and guidelines is your time period recommendation based?

How long has this patient been under your care? _____

California Licensed Physician’s Name _____

CA License Number: _____

Circle One: **MD / DO** Date of Signature: _____

Office Address: _____

Phone number: (____) _____



Physician’s Physical Signature: _____