



**Princeton Day School
Vaccination Exemption Form
2022-2023**

Princeton Day School requires all faculty and staff to be fully vaccinated for COVID-19. This includes one booster vaccination for all faculty and staff.

Princeton Day School requires students 12 years or older to be vaccinated for COVID-19; this does not include the booster.

Please note: For all other students 11 years and younger, PDS does not require but recommends the vaccination. No exemption form is necessary for students 11 years and younger.

Princeton Day School requires eligible individuals to be fully vaccinated against COVID-19, no later than August 22, 2022.

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 exemption form must be completed and submitted by Friday, July 22 to 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 understand that I may have to adhere to additional 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 no later than July 22, 2022.**

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 no later than July 22, 2022.

If we do not receive the medical information requested, by July 22, 2022, 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.

Individual's 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 2022-2023 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?

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: _____