



Human Resources Department
1340 Braddock Place
Alexandria, Virginia 22314
www.acps.k12.va.us
(703) 619-8168
Fax (703) 619-8983

CERTIFICATE OF MEDICAL EXEMPTION FROM COVID-19 VACCINATION REQUIREMENT

Name _____ Employee I.D. Number _____

Position _____ Worksite _____

To minimize the transmission of the COVID-19 virus, Alexandria City Public Schools (ACPS) is requiring all staff members to provide proof of vaccination by November 15, 2021, except for qualifying medical exemptions. ACPS is asking that the treating medical practitioner providing medical services and/or treatment to the employee listed above complete this form in its entirety.

Employee's Authorization

I _____ authorize my treating medical practitioner to complete this request for medical exemption pertaining to my request for a medical exemption to the COVID-19 vaccination, as well as to participate in the interactive process with my employer.

Employee's Signature: _____ Date: _____

To be completed by the healthcare provider:

As the treating healthcare provider for the above-named employee, due to a qualifying medical condition,

the individual is unable to receive any of the available COVID-19 vaccines, and should be allowed to test weekly.

the individual **does not** have a qualifying medical condition that exempts him/her from receiving any of the available COVID-19 vaccines.



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Medical Certification

I declare under penalty of perjury that I have examined all information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge.

Health Care Provider's Name (Print): _____

Provider's ID# _____ Practice Specialty (required) _____

Business Address: _____

Telephone: _____

*Please provide a number where ACPS can contact the healthcare provider for clarification and/or verification

*Signature of Health Care Provider: _____

Date: _____

To be completed by the ACPS Department of Human Resources:

The Department of Human Resources has reviewed your request, and your request for the 2021-2022 School year is:

Approved Denied

Approving Human Resources Representative:

Print Name: _____ Date: _____

Signature: _____