



WASHINGTON LATIN
PUBLIC CHARTER SCHOOL
A Classical Education for the Modern World

Student Request for Medical Exemption from COVID-19 Vaccination Form

Name of Student: _____ Grade: _____

Custodial Parent Name: _____

Parent Email Address: _____ Phone Number: _____

As per the DC mayor's order, effective November 1, 2021, no student aged 12 or older shall practice, compete, or otherwise participate in school-based extracurricular athletics (including both interscholastic and intramural sports), unless the student has received a full course of vaccination against COVID-19, unless the student has received an exemption pursuant to, and is compliant with the requirements of Section IV of this Order; except, that a student who will turn 12 between the issuance date of this Order and November 1, 2021, does not need to be fully vaccinated or receive an exemption before December 13, 2021. Students turning 12 after November 1, 2021 have two months from their birthday to receive a full course of vaccination in order to participate in school-based athletics.

A medical exemption may be granted upon receipt of a completed form (below) that meets the following criteria:

- It must be completed and signed by a custodial parent (unless the student is 18 years old by November 1, 2021), and
- It must be signed and certified by a licensed healthcare provider¹, not related to the submitter.

Medical exemptions expire when the medical condition(s) contraindicating COVID-19 vaccination changes in a manner which permits vaccination or by the end of the school year. If a vaccine mandate is extended until next year, a new form would need to be completed.

¹ Physician or nurse practitioner

Individuals with an approved exemption will be required to comply with additional testing and other preventive requirements as specified in the exemption approval and as may be updated by later notification and/or posting of requirements. In the event of an outbreak on or near the school, individuals holding exemptions may be excluded from all campus facilities and activities, for their protection, until the outbreak is declared to be over.

The School's COVID point of contact will review all requests, though approval is not guaranteed. After a request has been reviewed and processed, the petitioner will be notified, in writing, if an exemption has been granted. If the approved exemption contains an expiration, the petitioner will be expected to complete the requirement at that time.

Decisions are final and not subject to appeal.

Individuals are permitted to reapply if new documentation and information should become available.

Student Request for Medical Exemption from COVID-19 Vaccination Form

Name of Student: _____

Initial next to each of the statements below:

	I request exemption from the COVID-19 vaccination requirements due to my child's current medical condition . I understand and assume the risks of non-vaccination. I accept full responsibility for my child's health, thus removing liability from Washington Latin to the required vaccination.
	I understand that as my child is not vaccinated, in order to protect the health of my child and the health and wellbeing of the community, my child will comply with additional COVID-19 testing requirements and other preventive guidance.
	I understand that in the event of an outbreak or threatened outbreak, my child may be temporarily excluded from Washington Latin athletic facilities and extra-curricular activities. I agree to comply with these restrictions.
	I understand that this exemption will expire when the medical condition(s) contraindicating vaccination changes in a manner which permits vaccination.
	I understand that this exemption is only valid for the approved period and I may need to submit a new request on behalf of my child for any subsequent changes, new medical contraindications, or on expiration of an approved exemption.
	I authorize my licensed health care provider to provide Washington Latin with medical information about my child's medical exemption for the COVID-19 vaccination.
	I certify that the information I have provided on and in connection with this request is accurate and complete as of the date of this submission.

Signature of Custodial Parent: _____

Date: _____

Attention Health Care Provider:

DC law requires that all eligible students participating in extracurricular athletic activities receive a COVID-19 vaccination.

_____ (insert patient’s name) is requesting a medical exemption from this vaccination requirement.

Please certify below the medical reason that your patient should not be immunized for COVID-19 by completing this form. Please indicate if there is an expiration date on reasons for which a student would be granted an exemption.

Option 1 - Allergy

A documented history of a severe allergic reaction to any component of a COVID-19 vaccine or to a substance that is cross-reactive with a component.

Please indicate which of the following vaccines are contraindicated and name the components, by

- Moderna
 - List the component(s): _____
- Pfizer
 - List the component(s): _____
- Johnson & Johnson
 - List the component(s): _____

Option 2 – Physical Condition/Medical Circumstance

Please specify the physical condition of the patient or medical circumstances relating to the individual that might render immunization unsafe:

Option 3 - Other

Please explain:

Certification

I certify that _____ (patient name) has the above contraindication and support the request for a medical exemption from the COVID-19 vaccine requirement at Washington Latin Public Charter School.

Provider Information

Medical Provider Name: _____

Medical Provider Specialty: _____

Signature: _____

Provider License Number: _____

Date: _____

Name of Provider Company: _____

Address: _____

Email: _____ Phone Number: _____