



COVID-19 IMMUNIZATION EXEMPTION FORM

Greenhills School requires all employees and students to be fully vaccinated against COVID-19, including any booster shots recommended by the Centers for Disease Control and Prevention. This form should be completed by families of students who are requesting exemption for the following reasons: medical, religious, or awaiting full approval from the U.S. Food and Drug Administration. To claim an exemption, this form must be completed no later than August 5, 2022.

Students and families should understand that those who claim an exemption may be asked to leave campus and not participate in any school activities during a COVID-19 outbreak if it is determined that such students are at risk for contracting COVID-19 and transmitting it to other students. The length of time a student is excluded from campus and school activities will be made in consultation with public health authorities and may range from several days to several weeks. Any student with an exemption may be required to provide a negative COVID PCR test when returning to campus after school vacations. Students may be required to participate in on-campus COVID testing, and they may be required to wear masks indoors.

MEDICAL EXEMPTION REQUEST

Student name (First and Last)

____ / ____ / ____
Date (DD/MM/YYYY)

Reason for medical exemption(s) request: _____

This exemption will likely continue until (date): ____ / ____ / ____

Print name of health care practitioner

(____) _____ - _____
Telephone

Signature of health care practitioner

____ / ____ / ____
Date (DD/MM/YYYY)

Note: Only licensed health care practitioners authorized to prescribe vaccines may sign the medical exemption form.



EMERGENCY USE AUTHORIZATION STATUS EXEMPTION REQUEST

Greenhills School recognizes that some families may be hesitant to have their child vaccinated prior to the FDA granting full approval to the vaccine. Please indicate below if you are requesting an exemption based on the Emergency Use Authorization status of the COVID-19 vaccines, but will agree to have your child vaccinated once a fully FDA approved vaccine becomes available.

Student name (First and Last)

____ / ____ / ____
Date (DD/MM/YYYY)

RELIGIOUS EXEMPTION REQUEST

Greenhills School is committed to providing equal educational opportunities without regard to any protected status and an educational environment free of unlawful harassment, discrimination, and retaliation. As such, the school is committed to complying with all laws protecting students' religious beliefs and practices. When requested, Greenhills will provide an exemption/reasonable accommodation for students' *sincerely held religious beliefs* and practices that prohibit the student from receiving a COVID-19 vaccine provided the requested accommodation is reasonable and does not create an undue hardship for the School. To request an exemption related to the school's COVID-19 vaccination requirement, please complete this form and return it to Greenhills' Health Services Coordinator (email healthservices@greenhillsschool.org) by August 5, 2022. The school will use this information to engage in an interactive process to determine eligibility for the exemption and to identify possible accommodations.

Student name (First and Last)

____ / ____ / ____
Date (DD/MM/YYYY)

Please explain below why you are requesting a religious exemption (use additional paper, if needed)



Verification and Accuracy

I verify that the information I am submitting in support of my request for an exemption is complete and accurate to the best of my knowledge. I sincerely affirm that vaccination is contrary to my religious beliefs and that my objections to this vaccination are not based solely on the grounds of personal philosophy, preference, or inconvenience.

Student signature

____/____/____
Date (DD/MM/YYYY)

Parent signature (required if student is under 18 years of age)

Notarization Required for Non-Medical Exemption

In lieu of requiring families to consult with the Washtenaw County Health Department prior to being granted an exemption, as required for other vaccine exemption requests, the school requires that this request for non-medical exemption be notarized.

I certify that the preceding is true and correct.

This _____ day of _____, 2022.

Student signature, or parent signature if student is under 18 years of age

Sworn and subscribed before me

This _____ day of _____, 2022.

Notary Public

My commission expires: _____ .