

Puyallup School District

Volunteer Medical Exemption Form - COVID-19 Vaccination

Volunteer Last Name:

Volunteer First Name:

Middle Initial:

Volunteer Work Location(s):

Birthdate:

Notice: A volunteer may be exempt from the COVID-19 vaccination due to medical reasons by completing this form and submitting to the Puyallup School District's Volunteer Services Coordinator. A person who has been exempted from a vaccination is considered at risk for the disease for which the vaccination offers protection. Vaccine-preventable diseases still exist and can spread quickly in school and childcare settings. Immunization is one of the best ways to protect people from getting and spreading diseases that may result in serious illness, disability, or death.

Medical Exemption: Use this section if you have a medical exemption to the COVID-19 vaccination.

I am exempt from the requirement to be vaccinated from COVID-19 due to medical reasons.

Volunteer Signature: _____ Date: _____

Healthcare Practitioner Declaration: *(To be completed by Healthcare Practitioner)*

By signing below, I declare that the vaccination for COVID-19 is not advisable for the volunteer identified on this form. I have discussed the benefits and risks of the COVID-19 vaccine with this volunteer as a condition of this exemption. I certify that I am a qualified MD, ND, DO, ARNP or PA licensed in Washington State, and the information provided on this form is complete and correct.

Licensed Health Care Practitioner Name: _____

Licensed Health Care Practitioner Signature: _____ Date: _____

MD ND DO ARNP PA Washington License Number: _____

Email: _____ Phone: _____

Requests for exemptions and any documents provided will be kept confidential. Volunteer please submit completed form to volunteers@puyallup.k12.wa.us.