



**THE NEW ORLEANS CHARTER
SCIENCE AND MATHEMATICS
HIGH SCHOOL**

**REQUEST FOR ACCOMMODATION:
MEDICAL EXEMPTION FROM VACCINATION**

To request an exemption from required vaccinations, please complete section 1 below and have your medical provider complete section 2 before returning this form to the N.O. Charter Science & Math High School.

Section 1

Name (print):	Date:
	Grade:
Parent/Legal Guardian:	Work/Cell Phone:

I am requesting a medical exemption from the N.O. Charter Science & Math High School's mandatory vaccination policy for the following vaccination(s):

COVID-19 vaccine

I verify that the information I am submitting to substantiate my child's request for exemption from the N.O. Charter Science & Math High School's COVID-19 vaccination policy is true and accurate to the best of my knowledge. I understand that my child will be required to undergo weekly COVID-19 testing if an exemption is made.

Parent/Legal Guardian Signature: _____ Date: _____

Print Name: _____



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Section 2

Medical Certification for Vaccination Exemption

Student Name: _____

Dear Medical Provider,

The N.O. Charter Science & Math High School requires vaccination against COVID-19. The individual named above is seeking an exemption to this policy due to medical contraindications.

Please complete this form to assist the N.O. Charter Science & Math High School in the reasonable accommodation process.

The person named above should not receive the COVID-19 vaccine due to:

This exemption should be:

- Temporary, expiring on ___/___/___, or when _____
- Permanent

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): _____ Date: _____

Medical Provider Signature: _____

Practice Name and Address: _____

Provider Phone: _____