H O R A C E M A N N S C H O O L
B R O N X, N E W Y O R K

Student Request for Medical Exemption from COVID-19 Vaccine Form

Horace Mann School (HM) policy requires that all students receive a complete COVID-19 vaccination. **A medical exemption may be granted upon receipt of a completed form (below) not more than 6 months old, signed and certified by a licensed health care provider, not related to the submitter, and whose specialty is appropriate to the associated condition.**

Medical exemptions expire when the medical condition(s) contraindicating COVID-19 vaccination changes in a manner which permits vaccination, as determined by HM in reviewing the request or at the end of the academic year at which time the student/family may reapply for next year. The assigned expiration is at the sole determination of HM. Students with an approved exemption may be required to comply with additional COVID-19 testing and other preventive requirements, such as the wearing of a mask.

To request a medical exemption or accommodation for your child related to HM's COVID-19 vaccination policy, please complete this form and return it to the Head of School. This information will be used to engage in an interactive process to determine eligibility and to identify possible accommodations for your child. If you refuse to provide such information, your refusal may impact the School's ability to adequately understand your request or effectively engage in the interactive process to identify possible accommodations for your child.

While HM will carefully review all requests for medical exemptions, approval is not guaranteed. HM's Exemption Review Committee will review each request and determine if the request should be granted. After your request has been reviewed and processed, you will be notified, in writing, if an exemption has been granted or denied for your child. If the approved exemption contains an expiration, your child will be expected to complete the requirement at that time. Should the condition continue, or a new vaccination contraindication occur, a new request with updated documentation is required. Decisions are final and not subject to appeal. Students whose requests have been denied are permitted to reapply if new documentation and information should become available.

Medical Exemption Process:

- Read the CDC COVID-19 Vaccine Information;
- Complete and sign the following page of this form;
- Have your child's Licensed Health Care Provider complete the provider section of this form;
- Submit the completed documents electronically no later than July 31, 2021 to: tom_kelly@horacemann.org

Incomplete and late submissions will not be reviewed.
Please be sure all forms and documentation are submitted at one time.

Student Medical Exemption Request Verification

Name of Student: _____

Grade Level: _____

Date of Request: _____

By signing below, you understand and agree with the following:

- I request exemption, on behalf of my child, from HM's COVID-19 vaccination requirements due to a medical contraindication. I understand and assume the risks of my child's non-vaccination. I accept full responsibility for my child's health.
- If my child's exemption request is granted and my child remains unvaccinated, I will ensure that my child complies with assigned COVID-19 testing requirements and other preventative guidance.
- Should my child contract COVID-19, I will immediately report it to the Head of School and ensure that my child complies with all isolation and quarantine procedures specified by HM.
- I acknowledge that I have read the CDC COVID-19 Vaccine Information as it applies to my child.
- I understand and agree that my child will comply with and abide by all COVID-19 policies and procedures as implemented by HM.
- I understand that I may need to submit a new request, on behalf of my child, if there are any new medical contraindications or on expiration of an approved exemption. I further understand that the approval is provisional based on the current vaccination policy and is subject to change based on HM's requirements moving forward.
- I verify that the information I am submitting in support of my child's request for an accommodation is complete and accurate to the best of my knowledge, and I understand that any intentional misrepresentation contained in this request may result in disciplinary action up to and including expulsion.

Name of Student: _____

Printed Name of Guardian: _____

Signature of Guardian:_____

Date: _____

HORACE MANN SCHOOL
BRONX, NEW YORK

Attention Health Care Provider:

Horace Mann School (HM) policy requires that all students receive a COVID-19 vaccination. _____(student patient name) is requesting a medical exemption from this vaccination requirement. A medical exemption may be allowed for certain recognized contraindications.

Please certify the medical reason that the above-named individual should not be vaccinated for COVID-19 by completing this form and attaching available supporting documentation. Information provided on this form will be reviewed in consideration of the exemption request.

The above-named individual should not be immunized for COVID-19 for the following reasons (please check all that apply):

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 vaccine NOTE: since egg free vaccine is available, history of egg allergy will not be accepted as a routine medical exemption:

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

☐ A documented history of a severe allergic reaction after a previous dose of the COVID-19 vaccine. Please indicate which vaccine the patient had a reaction to and the date of the vaccine & reaction:

- Moderna - Date of Vaccine & Reaction: _____
_____
- Pfizer - Date of Vaccine & Reaction:
_____

Option 2 – Physical Condition/Medical Circumstance

☐ The physical condition of the patient or medical circumstances relating to the individual are such that vaccination is not considered safe. Please state, with sufficient detail for independent medical review, the specific nature and probable duration of the medical condition or circumstances that contraindicate vaccination with the COVID-19 vaccine.

Explanation:

Option 3 - Other

☐ Other. Please provide this information in a separate narrative that describes, in detail, the medical condition or disability that you opine would exempt this individual from vaccination:

Explanation:

This exemption should be:

☐ Temporary, expiring on: __/__/____, or when

_____.

☐ Permanent.

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 Horace Mann School.

Provider Information

Medical Provider Name: _____Medical Provider Specialty: _____

Signature:_____ Provider License Number: _____

Date: _____

Address: _____

Email: _____ Phone number: _____

Patient Information

Patient Name: _____ Patient Date of Birth: _____

Patient Address: _____

Once you have completed this document, it must be sent to the Head of School at Horace Mann School, Dr. Thomas M. Kelly, at: tom_kelly@horacemann.org no later than July 31, 2021.