

MONTGOMERY COUNTY PUBLIC SCHOOLS**COVID-19 Vaccine Exemption
Request for Student-Athletes**

Office of Teaching, Learning, and Schools
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

INSTRUCTIONS: To request an exemption from the COVID-19 vaccination mandate, this form must be completed by a parent/guardian. If a medical exemption is sought, the form must be signed by a physician/health care professional. If a religious exemption is sought, the religious objection attestation must be signed by a parent/guardian. The completed form must be submitted during the online registration process or to the athletics specialist or athletic coordinator at the school.

Student Name:	Birth Date:	
School Name:	Student ID #:	
Home Address:		
Parent/Guardian Name:		
Home #:	Work #:	Cell #:
Parent/Guardian Name:		
Home #:	Work #:	Cell #:

Please have a health care professional complete this section for a medical contraindication.

This is a: Permanent condition Temporary condition until ____/____/____

The above child has a valid medical contraindication to being vaccinated at this time. Please indicate which vaccine(s) and the reason for the contraindication:

Name of health care professional (print or type): _____ Date ____/____/____

Address: _____ Phone: ____ - ____ - ____

Signature of health care professional: _____, MD, DO, NP, or PA

Please complete this section for religious objection.

I am the parent/guardian of the child identified above. Because of my bona fide religious beliefs and practices, I object to the COVID-19 vaccine(s) being given to my child.

Signature of parent/guardian: _____ Date ____/____/____