

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

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

**INSTRUCTIONS:** To request a medical exemption from the COVID-19 vaccination, this form must be completed by a parent/guardian and signed by a physician/health care professional. 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 check the appropriate box to describe the 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