



#### Certificate of Medical Exemption-Required Covid-19 Vaccination

On Monday, August 23, 2021 the Food and Drug Administration fully approved the Pfizer vaccine in an effort to prevent the spread of COVID-19 and minimize the health effects for those who contract the virus. The Moderna vaccine has also been submitted for approval.

Based on the recommendations from the medical community, Westminster Public Schools requires all WPS employees to receive the COVID-19 vaccine, unless an exemption is filed with the district and approved by the Human Resources Department.

Please complete all required fields below and obtain all required signatures; incomplete forms will not be accepted.

#### Employee Information:

Last Name:	First Name:	Middle Name:
Date of Birth:	Sex: Female Male X	

#### Statement of Exemption

The physical condition of the above-named person is such that receiving the COVID-19 Vaccine would endanger their life or health or is medically contraindicated due to following medical conditions.

\_\_\_\_\_

#### REQUIRED

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician (MD, DO), Advanced Practice Nurse (APN), or Physician Assistant

Required: \_\_\_\_\_ Professional License Number: \_\_\_\_\_

State/Territory \_\_\_\_\_

Send completed form to [kleday@westminsterpublicschools.org](mailto:kleday@westminsterpublicschools.org)



#### Certificate of Religious Exemption-Required Covid-19 Vaccination

On Monday, August 23, 2021 the Food and Drug Administration fully approved the Pfizer vaccine in an effort to prevent the spread of COVID-19 and minimize the health effects for those who contract the virus. The Moderna vaccine has also been submitted for approval.

Based on the recommendations from the medical community, Westminster Public Schools requires all WPS employees to receive the COVID-19 vaccine, unless an exemption is filed with the district and approved by the Human Resources Department. This will be an interactive process between the Human Resources Department and the employee allowing for a detailed explanation of the exemption request.

Please complete all required fields below. Incomplete forms will not be accepted.

#### Employee Information:

Last Name:	First Name:	Middle Name:
Date of Birth:	Sex:    Female    Male    X	

#### Statement of Exemption

I am claiming a religious exemption from the district's COVID-19 Vaccine requirement.

REQUIRED

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Send completed form to [kleday@westminsterpublicschools.org](mailto:kleday@westminsterpublicschools.org)