



Request for Covid-19 Vaccine Medical Exemption

Student's Name _____ Date of Birth (MM/DD/YY): ____/____/____

Request for Medical Exemption

I request that the above-named student be exempt from Mathcamp's Covid-19 vaccination requirements, based on medical grounds. Please describe the medical condition that prevents the student from receiving the Covid-19 vaccination, and how this condition impacts the student's ability to receive the Covid-19 vaccination.

All medical exemptions must be verified with a letter from a medical provider. This letter must specify which immunization(s) cannot be given and the condition that prevents the administration of the vaccine. Please upload a copy of the letter from a medical provider along with this form.

Note that having had COVID-19 in the past is NOT a permissible criterion for an exception.



Assumption of Risk and Agreement to Depart In Case of Outbreak

I agree that in the event of an outbreak of Covid-19 within Mathcamp, the student will (at their own expense) leave campus.

Signatures

Parent/Guardian: By signing below, I acknowledge that I fully understand the risks associated with participation in Mathcamp without being vaccinated against Covid-19, and the consequences of signing this Request for Exemption from Covid-19 Vaccine.

Name of Parent/Guardian

Signature of Parent/Guardian

Date

Student: By signing below, I acknowledge that I fully understand the risks associated with participation in Mathcamp without being vaccinated against Covid-19, and the consequences of signing this Request for Exemption from Covid-19 Vaccine.

Name of Student

Signature of Student

Date