Fairfax County PUBLIC SCHOOLS
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Department of Human Resources
Office of Equity and Employee Relations
8115 Gatehouse Road, Suite 2500
Falls Church, VA 22042
571-423-3070

COVID-19 VACCINATION - MEDICAL EXEMPTION

FCPS SY2122

To be completed by the FCPS Employee:

Employee Name:	
Employee ID #:	
Work Location:	
Email Address:	
Phone #:	

Insert initials

[ ] I understand that if approved, this medical exemption expires June 30, 2022.

[ ] I understand that my employer (FCPS) may require me to engage in regular testing to ensure I am not exposing others in the workplace to COVID19 as an unvaccinated person.

To be completed by the Medical Provider or Department of Health Official:

Provider's Name: **Phone #:**

I certify that administration of the COVID-19 vaccine would be detrimental to the above referenced employee's health. The vaccine is specifically contraindicated because (please specify):

Provider's Signature ***Date***

TO BE COMPLETED BY: Equity and Employee Relations (EER), Department of Human Resources

Exemption Request Approved [ ] *Exemption Request Not Approved* [ ]

EER Director Signature: **Date:**

Please submit your completed form to Equity and Employee Relations (EER), Department of Human Resources via fax at 571-423-5051 or via email at EERAdminSupportStaff@fcps.edu