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

FCPS SY22-23 COVID VACCINATION – MEDICAL EXEMPTION

Employee Name:	
Employee ID #:	
Work Location:	
Email Address:	
Phone #:	
Principal or Program Manager Name:	

Please insert initials:

[ ] I understand that if approved, this medical exemption expires June 30, 2023.

Employee Signature Date

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

Provider's Name:

Phone Number:

Address:

I certify that the 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

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

To be completed by EER Staff Only:

Exemption Request Approved [ ] Exemption Request Not Approved [ ]

EER Senior Specialist Signature **Date**