



# EDUCATORS RISING

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## A L A S K A

# COVID-19 Vaccination Medical Exemption

To request an exemption from the COVID-19 vaccination requirement for medical purposes, please complete section 1 below and have your medical provider complete section 2 before submitting the form to [uaf-edrisingak@alaska.edu](mailto:uaf-edrisingak@alaska.edu).

### By submitting this form you agree to the following:

- I understand and assume the risks of non-vaccination. I accept full responsibility for my health, have obtained independent counsel on the health and legal risks resulting from my non-vaccination status during the ongoing community outbreak of COVID-19, and I release and hold harmless the University of Alaska/Educators Rising AK for any losses, damages, injuries, or other harms resulting from my exposure during any unvaccinated period.
- I understand that as I am not vaccinated, in order to protect my own health and the health of the community, I will comply with any applicable COVID-19 testing, masking, social distancing requirements and other preventive guidance.
- Should I contract COVID-19 or experience any COVID-19 related symptoms, I will immediately report it to my teacher leader. I must also notify Educators Rising AK ([uaf-edrisingak@alaska.edu](mailto:uaf-edrisingak@alaska.edu)) of my report and otherwise comply with all isolation and quarantine procedures specified by EdRising AK, my local community, the State of Alaska, and/or the federal government. This may include socially isolating, if so advised.
- I acknowledge that I have read the [CDC COVID-19 Vaccine Information](#).
- I understand and agree to comply with and abide by all [EdRising AK COVID-19 policies](#) and procedures.
- I understand that, if approved, this exemption is provisionally based on the current [UA COVID-19 vaccination policy](#) and is subject to change based on CDC and Educators Rising AK requirements moving forward.

### Section 1:

I am requesting a medical exemption from the EdRising AK's COVID-19 vaccination requirement.

I understand that the University of Alaska/Educators Rising AK is not required to provide this exemption accommodation if doing so would pose a direct threat to myself or other participants or would create an undue hardship for the Educators Rising program.

I further understand that an approved exemption accommodation is dependent on the specific circumstances and may not be available in all situations.

Educators Rising Alaska COVID-19 Vaccination Medical Exemption Form

I certify that the information I have provided in connection with this request is honest, accurate and complete as of the date of submission. I understand this exemption may be revoked and I may be excluded from the Educators Rising Alaska Student Leadership Conference if any of the information I provide in support of this exemption is false.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
School

\_\_\_\_\_  
Date

**Section 2:**

A licensed physician must complete this medical exemption statement and provide their information below:

**Dear Medical Provider,**

The Educators Rising Alaska program requires vaccination against COVID-19 as a condition of participation in specified events/conferences. The individual named above is seeking an exemption to this policy due to medical contraindications.

Please complete this form to assist Educators Rising Alaska in the reasonable accommodation process.

\_\_\_\_\_ should not receive the COVID-19 vaccine due to:

(Patient First, Last Name)

**This exemption should be:**

Permanent \_\_\_\_\_ Temporary \_\_\_\_\_, expiring on: \_\_\_\_\_ Or when: \_\_\_\_\_

I certify the above information to be true and accurate and request exemption from COVID-19 vaccination for the above-named individual.

\_\_\_\_\_  
Medical Provider Name

\_\_\_\_\_  
Medical Provider Signature

\_\_\_\_\_  
Practice Name & Address

\_\_\_\_\_  
Providers Phone

For Educators Rising Alaska Use Only:

Approved

Denied

Received by \_\_\_\_\_

Date \_\_\_\_\_