



# Green Hills Head Start

"Serving Children and Families First"

205 West 18th Street  
PO Box 177  
Trenton, MO 64683  
(660) 359-2214  
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## Covid-19 Vaccine Medical Exemption Request

North Central Missouri College/Green Hills Head Start requires all staff, certain contractors, and Volunteers whose activities involve contact with or providing direct services to children and families, must be fully vaccinated from COVID-19. This form should be submitted to the Head Start Central Office to document requests for accommodation based on religious reasons.

Name: \_\_\_\_\_

Initial next to each of the statements below:

	I request exemption from COVID-19 immunization requirements due to my medical condition.
	I understand Office of Head Start require those granted an exemption to undergo regular testing.
	I understand that this exemption is being documented by North Central Missouri College/Green Hills Head Start, but Green Hills Head Start cannot guarantee that rules will not change and override it.
	I understand that, if approved, this exemption is only valid for one year, and I am required to resubmit a new request each year.
	I certify that the information I am providing to substantiate my request is true and accurate to the best of my knowledge. I understand that any falsified information can lead to disciplinary action.

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

### Certification by Licensed Medical Provider

I certify that \_\_\_\_\_ (patient) has a contraindication to COVID\_19 vaccine and support the request for a medical exemption form COVID-19 vaccine requirements at clinical facilities.

#### Provider Information

Medical provider Name: \_\_\_\_\_

Medical Provider Specialty: \_\_\_\_\_

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

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

Name of Provider Company: \_\_\_\_\_

Address/Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

### Green Hills Head Start Internal Review Only

Reviewer name: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_ Approved, Describe Approval Period (Not to exceed one year without renewal):

\_\_\_ Denied, Describe Why Denied: