



## Volunteer Vaccination Status

2021-22 School Year

### Volunteer Vaccination Affirmation

I certify that I have received the COVID 19 vaccine regimen and am fully vaccinated.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

### Medical Exemption Affirmation

I certify that I have a medical exemption in regard to receiving the COVID 19 vaccine regimen.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

### Religious Exemption Affirmation

I certify that due to religious beliefs, I am exempt in regard to receiving the COVID 19 vaccine regimen.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

Please complete one of the following affirmations above to complete the volunteer process. Due to the sensitive nature of this information, only the Head of Schools can see this document. Please **do not** send it via email. Deliver it in person via sealed envelope to the school.