



Education for Change Public Schools

EXEMPTION FORM

**Requirement that All Education for Change public Schools (EFCPS) Students
(Aged 12+)**

Be Fully Vaccinated Against COVID-19

EFFECTIVE FOR SPRING 2021 ONLY

*Oakland Unified School District ("OUSD") Board Policy 5141.29 - COVID-19 Student Vaccine Requirement ("BP 5141.29") requires all EFCPS students aged 12 and up to be fully vaccinated in order to attend any in-person school unless an exemption applies. **This form is required to be used to qualify for either the Medical Exemption or the Personal Belief Exemption.***

Part 1: Student and Parent/Guardian Information - To Be Completed By Parent/Guardian (Please note: Failure to respond to each prompt may invalidate the exemption request.)

Student Name: _____

Student Date of Birth: _____ School Name: _____

Parent/Guardian Name: _____

Parent/Guardian Phone: _____ Parent/Guardian Email: _____

Part 2: Exemption Request and Attestation - To Be Completed By Parent/Guardian. (Please note: Parent/Guardian must select an exemption and must review and sign both portions below in order for EFCPS to consider the exemption request.)

I, the above named Parent/Guardian, request that the above named Student be granted the following type of exemption to the requirement under OUSD BP 5141.29 that all EFCPS students (aged 12+) be fully vaccinated in order to attend any in-person school. (Please complete separate forms to request both exemptions.)

Medical Exemption (medical provider must complete Part 3A)

Personal Belief Exemption (medical provider must complete Part 3B)

Parent/Guardian Signature: _____

I, the above named Parent/Guardian, attest that I have received information regarding the risks and benefits of all COVID-19 vaccines available to the above named Student and still submit this exemption request.

Parent/Guardian Signature: _____

Part 3A: Medical Exemption Affidavit - To Be Completed By Licensed Medical Provider

Attestation to the Physical Condition/Medical Circumstance of Patient

I, the undersigned, licensed medical provider, hereby certify, under penalty of perjury, that each of the following statements are true and correct:

- I am a medical provider properly licensed to currently practice in the State of California.
- I have examined the below named Student on the below date.
- **I have determined, based on my medical expertise, that the below named Student has a physical condition or medical circumstance such that receiving any of the available COVID-19 vaccines (including those vaccines authorized for emergency use) would be considered unsafe.**
- The following information is accurate.

Student Name: _____

Parent/Guardian Name: _____

Student Date of Birth: _____ Date of Consultation: _____

Name of Licensed Medical Provider: _____

Type of Licensed Medical Provider: Doctor of Medicine ("MD")

Doctor of Osteopathic Medicine ("DO")

License # for Licensed Medical Provider: _____

Licensed Medical Provider Phone: _____

Licensed Medical Provider Email: _____

Signature of Licensed Medical Provider: _____ Date: _____

For Internal Use Only

Incomplete forms will not be accepted. Forms must include legible name, address, phone number and license number for the medical signatory, who may be contacted by EFCPS to confirm their approval of the consent form.

Part 3B: Personal Belief Exemption Affidavit - To Be Completed By Medical Provider

Attestation to the Provision of COVID-19 Information to Patient

I, the undersigned, licensed medical provider, hereby certify, under penalty of perjury, that each of the following statements are true and correct:

- I am a medical provider properly licensed to currently practice in the State of California.
- On the below date, I have informed the below named Parent/Guardian that the available COVID-19 vaccines (including those vaccines authorized for emergency use) are safe and effective according to the FDA and CDC guidance linked herein.
- On the below date, I also have provided the below named Parent/Guardian with information regarding (1) the benefits and risks of receiving any of the available COVID-19 vaccines (including those vaccines authorized for emergency use) and (2) the health risks to the student and to the community of COVID-19.
- The following information is accurate.

Student Name: _____

Parent/Guardian Name: _____

Student Date of Birth: _____ Date of Consultation: _____

Name of Licensed Medical Provider: _____

Type of Licensed Medical Provider: Doctor of Medicine ("MD")

Doctor of Osteopathic Medicine ("DO")

License # for Licensed Medical Provider: _____

Licensed Medical Provider Phone: _____

Licensed Medical Provider Email: _____

Signature of Licensed Medical Provider: _____ Date: _____

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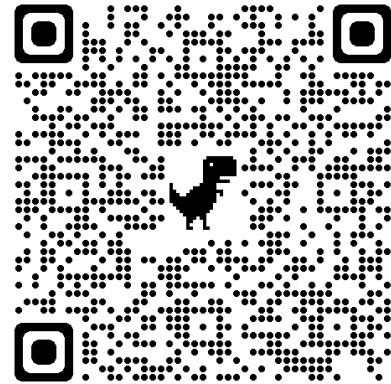
FDA Information about vaccine testing & approval:

<https://www.fda.gov/vaccines-blood-biologics/vaccines/emergency-use-authorization-vaccines-explained>

Are the COVID-19 vaccines rigorously tested?

Yes. Clinical trials are evaluating investigational COVID-19 vaccines in tens of thousands of study participants to generate the scientific data and other information needed by FDA to determine safety and effectiveness. These clinical trials are being conducted according to the rigorous standards set forth by the FDA.

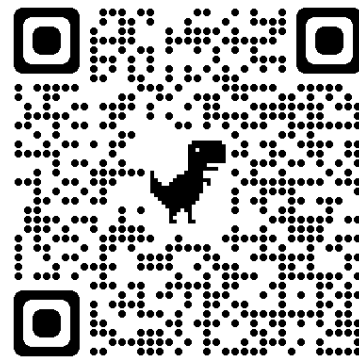
Initially, in phase 1, the vaccine is given to a small number of generally healthy people to assess its safety at increasing doses and to gain early information about how well the vaccine works to induce an immune response in people. In the absence of safety concerns from phase 1 studies, phase 2 studies include more people, where various dosages are tested on hundreds of people with typically varying health statuses and from different demographic groups, in randomized-controlled studies. These studies provide additional safety information on common short-term side effects and risks, examine the relationship between the dose administered and the immune response, and may provide initial information regarding the effectiveness of the vaccine. In phase 3, the vaccine is generally administered to thousands of people in randomized, controlled studies involving broad demographic groups (i.e., the population intended for use of the vaccine) and generates critical information on effectiveness and additional important safety data. This phase provides additional information about the immune response in people who receive the vaccine compared to those who receive a control, such as a placebo.



CDC Information about vaccine effectiveness:

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/adolescents.html>

- COVID-19 vaccines are safe and effective.
- COVID-19 vaccines have been used under the most intensive safety monitoring in U.S. history, which includes studies in adolescents.
- Your child will need a second shot of the Pfizer-BioNTech COVID-19 Vaccine 3 weeks after their first shot.
- Children and adolescents receive the same dosage of Pfizer-BioNTech COVID-19 vaccine as adults. There are no patient weight requirements for COVID-19 vaccination, and COVID-19 vaccine dosage does not vary by patient weight.
- Your child can't get COVID-19 from any COVID-19 vaccine, including the Pfizer-BioNTech vaccine.
- Your child may get a COVID-19 vaccine and other vaccines at the same visit or without waiting 14 days between vaccines.



Incomplete forms will not be accepted. Forms must include legible name, address, phone number and license number for the medical signatory, who may be contacted by EFCPS to confirm their approval of the consent form.