



Lawrence Family Jewish Community Center | JACOBS FAMILY CAMPUS
Request for Medical Exemption from Vaccination

Name: _____
(Print Last, First, MI)

Date of Birth: _____
(mm/dd/yyyy)

Email Address: _____

Phone: _____

Instructions for Submission of Vaccination Exemption Request:

JCC Users requesting an exemption from this policy, due to a medical reason or must submit a request for accommodation with supporting documentation to the CEO of the LFJCC for review by special committee to begin the accommodation process. After the request is submitted, the documentation will be reviewed and a decision will be made in a reasonable period of time as to whether or not the exemption should be granted and accommodations can be made for modified usage.

The applicant must submit one or more original letters specifically naming and concerning the applicant, and such letter(s) must be signed (wet signature) by the applicant’s licensed physician. The applicant’s physician should not disclose the applicant’s medical condition, but must state the specific reason(s) the applicant should not get a vaccine due to a medical condition.

To proceed with the exemption request, submit this form along with your supporting documentation from your licensed physician to Guest Services attn: Betzy Lynch, CEO.

Attestation:

By submitting this application, I am requesting a medical exemption from vaccination for the following immunization required by the Lawrence Family JCC.

COVID-19 _____ (please initial)

As evidenced by my signature below, I acknowledge and agree to the following in the event that my exemption requested is granted:

- I understand that, for the safety of the JCC community, I will be required to comply with the JCC’s infection control measures.
- I understand that, if I am applying for a medical exemption from COVID-19 vaccination, I must comply with the JCC’s COVID-19 mitigation protocols.
- I will wear a mask in all indoor spaces at all times.
- I will respect physical distancing guidelines when in the presence of others.
- I will comply with any additional obligations as may be required by the JCC or other public health mandates.
- I understand that failure to follow these requirements may result in suspension of my membership or participation at the Lawrence Family JCC | JACOBS FAMILY CAMPUS.

Signature

Date

Signature of Parent/Legal Guardian (if under age 18)

Date

Printed Name of Parent/Legal Guardian (if under age 18)