



**Armory Center for the Arts**

**Employee/Student Medical Exemption Request for COVID-19 Vaccination**

*If the individual is under the age of 18, this statement should be provided and signed by the parent/guardian.*

Armory policy requires proof of receipt of a COVID-19 vaccine from staff and students. Staff and students can request an exemption if they cannot receive the vaccine because of a medical contraindication or for disability or religious-related reasons (there is a separate form for religious accommodations). A list of established medical contraindications to vaccination can be found on the Centers for Disease Control and Prevention (CDC) website at <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/different-vaccines.html>

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**Name of Individual Seeking Exemption (Please Print)**

Please select A or B:

\_\_\_\_ **A. Exemption** - The individual identified above has a medical contraindication recognized by the CDC for COVID-19 vaccination.

Description of Contraindication:

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\_\_\_\_ **B. Deferment:** The individual identified above is requesting a deferment of vaccination due to a limited term inability to receive the COVID-19 vaccination (such as due to receipt of Monoclonal antibody or convalescent plasma for the treatment of COVID-19 in the last 90 days, pregnancy, or breastfeeding).

Requested expiration of deferment: \_\_\_\_\_

**Individual Attestation (Parent/Guardian if less than 18 years old)**

By signing this Medical Exemption Request, the individual, and, if a minor, their parent, or legal guardian, attests that they cannot receive a COVID-19 vaccination because of the medical contraindication described above. Individual and, if a minor, their parent, or legal guardian, acknowledges that an unvaccinated individual is at greater risk of becoming ill with COVID-19. If the reason selected above is related to a medical contraindication,

if / when the individual no longer has a medical contraindication to COVID-19 vaccination, they agree to receive COVID-19 vaccination and submit proof of vaccination. The undersigned understands this Medical Exemption or Deferment Request and has had the opportunity to ask questions about it. The undersigned verifies the truth and accuracy of the statements in this Medical Exemption or Deferment Request.

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**Name of Individual Seeking Exemption (Please Print)**

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**Daytime Phone & Email**

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**Dated**

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**Signature of Individual Seeking Exemption, or Parent/Guardian Signature if Individual is Under 18 years old**

**Certification of Healthcare Provider**

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**Name of Healthcare Provider's Name**

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**License Number**

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**Address**

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**Telephone Number**

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**Signature**

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**Date**

*I certify that the above individual cannot safely receive the COVID-19 vaccine because of the following medical condition:*

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Please print and mail this completed form to the attention of Executive Director Leslie A. Ito:  
Armory Center for the Arts, 145 North Raymond Ave., Pasadena, CA 91103.  
Or, email a legible electronic copy of this completed form to [lito@armoryarts.org](mailto:lito@armoryarts.org). Please use the subject line:  
"Medical Exemption Request."