MEDICAL ACCOMMODATION REQUEST FOR COVID-19 VACCINATION

Process of requesting a medical accommodation to attend the Educators Rising National Conference

1. Upload a copy of completed medical accommodation request when registering for the conference.
2. Provide a physical copy of your signed medical accommodation request to the registration check in at conference location.
3. If you are over 18, provide one form of government or school issued photo identification which matches the name of the individual listed on the copy of the medical accommodation request.

Requirements attending the Educators Rising National Conference with a medical accommodation

1. Attendees with an approved medical accommodation must still comply with the Educators Rising Mask Mandate which requires wearing a surgical (non-cloth) mask that covers the mouth and nose when not eating or drinking; and
2. Any unvaccinated person attending the Educators Rising National Conference must submit (in addition to exemption documentation) proof of a negative COVID test (PCR or antigen) taken 24 hours prior to the registration check in at the conference location at the start of each day attending. Over-the-counter home tests are acceptable as proof of negative result. Tests will be at the participants' own expense.
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To request a medical exemption from required COVID-19 vaccinations, please complete Section 1 below and have your medical provider complete Section 2 before submitting the form with your conference registration. You will also need to bring a physical copy of this form to the registration check-in at the conference location.

Section 1

I, ________________________________(Full Name) am requesting a medical exemption from Phi Delta Kappa International's mandatory vaccination policy for the COVID-19 vaccination.

I verify that the information I am submitting to substantiate my request for exemption from Phi Delta Kappa International's vaccination policy is true and accurate to the best of my knowledge. I understand that any falsified information can lead to disciplinary action, up to and including removal from the 2022 Educators Rising National Conference.

Signed: _________________________   Date:____________________________

Signature of parent or guardian (if person named above is under 18):

Signed: _________________________   Date:____________________________
Section 2
Medical Certification for Vaccination Exemption

Patient’s Name: _________________________________________________

Dear Medical Provider,

Phi Delta Kappa International requires vaccination against COVID-19 as a condition of attending the 2022 Educators Rising National Conference. The individual named above is seeking an exemption to this policy due to medical contraindications.

Please complete this form to assist Phi Delta Kappa International in the reasonable accommodation process.

The person named above should not receive the COVID-19 or influenza vaccine due to:

This exemption should be:

- Temporary, expiring on: __/__/____, or when ______________________________.
- Permanent.

I certify the above information to be true and accurate, and request exemption from the __________________________ vaccination for the above-named individual.

Medical Provider Name (print):

Medical Provide Signature: Date:

Practice Name & Address: Provider Phone: