



Orange County Public Schools
COVID-19 VACCINATION EXCEPTION PROCESS AND FORM

The School Board of Orange County, Florida's ("OCSB") response to the COVID-19 pandemic is designed to sustain our important mission of creating enriching and diverse pathways to lead our students to success while maintaining the health and safety of our faculty, staff and students.

Employees may submit a vaccination exception for one of two reasons:

- A medical reason; or
- A sincerely held religious belief, practice or observance that prohibits vaccination.

To request an exception based on a **medical reason**, you must:

1. Complete the Employee Information section of the form (page 1)
2. Request their **licensed health care provider** to complete the **Healthcare Provider section** (page 2).

To request an exception based on a **sincere religious beliefs**, you must:

1. Complete the Employee Information section of the form (page 1)
2. Request their spiritual advisor to complete the **Spiritual Advisor section** (page 3).

The completed and signed exception form along with any supporting and/or medical documentation is to be returned to the ADA Compliance Office via email at ada@ocps.net or facsimile at 407-317-3348. **Please use your official OCPS email account and be sure to use *COVID-19 Vaccine Exception* on the subject line of the email.**

Please note that incomplete submissions cannot be reviewed. Be sure all forms and documentation, if any, are submitted at one time.

Requests for reasonable and/or workplace accommodations are evaluated on a case-by-case basis. Contents of the request and supporting documentation, if any, are kept completely confidential, are not shared with anyone outside of the ADA Compliance Office and are kept separate and apart from any personnel records.

All reasonable and/or work accommodation requests under the Americans with Disabilities Act are handled in the order they are received.

**ADA Compliance Office
Office of Legal Services**
Orange County Public Schools
445 W. Amelia Street
Orlando, FL 32801-1129
Tel: 407-317-3411
Fax: 407-317-3348
Email: ada@ocps.net



Orange County Public Schools
COVID-19 VACCINATION EXCEPTION FORM

The School Board of Orange County, Florida's ("OCPSB") response to the COVID-19 pandemic is designed to sustain our important mission of creating enriching and diverse pathways to lead our students to success while maintaining the health and safety of our faculty, staff and students.

The information sought on this form pertains only to the exceptions based on a **medical reason** or **sincerely held religious belief**.

EMPLOYEE INFORMATION						
Name:					Employee ID:	
Email:					Phone:	
Classification:	Instructional <input type="checkbox"/>	Administrative <input type="checkbox"/>	Classified <input type="checkbox"/>	Hourly <input type="checkbox"/>	Job Title:	
Work Location:					Supervisor:	

EXCEPTION REQUEST	
Please check reason for your exception request: <input type="checkbox"/> Medical <input type="checkbox"/> Religious Belief	
Please provide any additional information you believe may be of assistance in the review of your request: _____ _____	

Additional COVID-19 Information	
<ul style="list-style-type: none"> • The COVID-19 Health and Safety Procedures Manual is available on the OCPS District website. • Any fully vaccinated or approved reasonable accommodation bargaining unit employee required to miss work by the District because of COVID-related circumstances will be placed on medical relief of duty with pay for the time prescribed by the Florida Department of Health in Orange County. • Other than potential loss of accrued time, employees shall not be negatively impacted, including but not limited to discipline, directive or a negative evaluation for a COVID-19 related absence. • After being informed by employees, site administrators will address any student non-compliance with health and safety protocols promptly. 	

Employee Acknowledgment	
I acknowledge that I am submitting this information to document that I am unable to receive any of the current COVID-19 vaccines due to my current medical condition or sincere religious beliefs. I am submitting the required documentation from my healthcare provider or spiritual advisor supporting my exception request.	
By signing below, I verify that the information provided is complete and accurate to the best of my knowledge. I understand that an exception is not in place until such time the exception is approved and recorded. I understand that additional information may be requested to maintain up-to-date information. I understand that any intentional misrepresentation contained in this request may result in disciplinary action, up to and including termination.	
_____ Signature	_____ Date



Orange County Public Schools
COVID-19 VACCINATION EXCEPTION FORM

Employee / Patient Name:	
---------------------------------	--

Medical Certification			
<p>To Physician or Health Care Provider:</p> <p>Your patient has submitted for a COVID-19 Vaccination Exception request. Please provide the medical basis that your patient should not be vaccinated for COVID-19 by completing the Medical Certification section based upon an evaluation or examination within the last twelve (12) months. Additional information can be attached, if necessary. You may also submit the information on your practice's letterhead. The provided information and attachments, if any, are kept completely confidential and are not shared with anyone outside of the ADA Compliance Office. The request and associated medical record information are kept separate and apart from any personnel records.</p> <p>Thank you for your assistance.</p>			
Physician Name:		Specialization / Name of Practice:	
Address:			
Phone No.:		Email:	
Physical Condition/Medical Circumstance:			
<p>Please state the specific nature and probable duration of the medical condition or circumstances that contraindicate vaccination with the COVID-19 vaccine:</p> 			

RETURN THIS FORM TO

ADA Compliance Office
 Orange County Public Schools
 Office of Legal Services
 445 West Amelia Street
 Orlando, FL 32801-1129
Telephone: (407) 250-6248
Fax: (407) 317-3348
Email: ADA@ocps.net

_____ Name of Physician (Print)

_____ Medical License #:

_____ Signature of Physician

_____ Date



Orange County Public Schools
COVID-19 VACCINATION EXCEPTION FORM

Employee / Observant Name:	
-----------------------------------	--

Religious Certification			
<p>To Spiritual Advisor:</p> <p>The above employee has submitted a COVID-19 Vaccination Exception due to a sincere religious belief. Please provide additional information regarding the employee's specific religious restrictions in order for us to document a workplace accommodation. Additional information can be attached, if necessary. You may also submit the following information on your place of worship letterhead. The information and attachments, if any, are kept completely confidential and are not shared with anyone outside of the ADA Compliance Office. The request and associated information are kept separate and apart from any personnel records.</p> <p>Thank you for your assistance.</p>			
Spiritual Advisor Name:		Name of Religious Organization:	
Address:			
Phone No.:		Email:	
For Spiritual Advisor:			
<p>Please provide a written statement supporting the basis of the observant's faith/beliefs which are contrary to the practice of vaccination or use of the COVID-19 vaccination. Please attached additional documentation, if necessary. By signing below, you verify that the statement below is true and accurate and that the above-named observant is a member in good standing of your religious organization.</p> 			

RETURN THIS FORM TO

ADA Compliance Office
 Orange County Public Schools
 Office of Legal Services
 445 West Amelia Street
 Orlando, FL 32801-1129
Telephone: (407) 250-6248
Fax: (407) 317-3348
Email: ADA@ocps.net

_____ Name of Spiritual Advisor (Print)

_____ Signature

_____ Date