

**Request for Exemption for COVID-19 (SARS-CoV-2) Vaccination
2023 NFO Conference – Concord, MA**

Name _____

Email _____ Phone _____

The National Folk Organization (NFO) requires all attendees to be fully vaccinated against COVID-19, as [defined by the CDC](#), and to have received at least one booster, to participate in the 2023 Annual Conference, held in Concord, MA. A person is fully vaccinated two weeks after receiving all recommended doses in their primary series of COVID-19 vaccine. Use this form to request an accommodation or exemption from this requirement for medical reasons.

Information about COVID-19

COVID-19 is a respiratory illness caused by a newly discovered coronavirus that typically causes mild to moderate illness, like the common cold, but can lead to dangerous complications. COVID-19 is a very contagious virus and new variants are continuing to emerge. The COVID-19 vaccines available in the United States have been carefully evaluated in clinical trials and have been authorized for emergency use and/or fully approved by the U.S. Food and Drug Administration because they make it substantially less likely that an individual will contract COVID-19 and become seriously ill. COVID-19 vaccines have been found to be safe and effective. For more information, please consult: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/safety-of-vaccines.html>, or your health care provider.

When you are vaccinated against COVID-19, you don't just protect yourself—you protect your friends, family members, coworkers and everyone in the community—especially those who are at increased risk for severe illness from COVID-19 or are medically unable to receive the vaccines themselves. More studies are ongoing to determine the vaccines' ability to keep people from spreading the virus that causes COVID-19 and how long the vaccines continue to protect from serious illness.

Acknowledgment and Signature

I have read the above information about COVID-19 vaccination. I understand that by declining this vaccine I continue to be at risk of acquiring COVID-19, which is a serious disease. I will follow the NFO policy which requires wearing additional personal protective equipment while indoors in public areas, and I may be subject to additional COVID-19 testing.

I have completed the Medical Exemption Certification and it is attached.

I verify that I understand this Request for Exemption Form and have had the opportunity to ask questions about it.

Attendee signature: _____ Date: _____

MEDICAL EXEMPTION CERTIFICATION

Instructions: Please complete this form to release information regarding your request for an accommodation exempting you from receiving the COVID-19 vaccine due to your health condition.

I, _____, [Name of attendee] am providing this certificate, signed and dated by my licensed health care provider, certifying that receiving the COVID-19 vaccine is contraindicated due to applicable CDC contraindications and/or my medical condition.

Signature: _____ Date: _____

(TO BE COMPLETED BY A LICENSED MEDICAL PROVIDER):

I, _____, [Name of licensed MD, DO, PA, NP] certify that the above-named individual is under my medical care and has a medical condition that contraindicates their vaccination with the COVID-19 vaccine at this time.

Health Care Provider Signature: _____ **Date:** _____

License Number: _____

Health Care Provider Name and Contact Info:

Name: _____

Address: _____

Phone: _____ Email: _____