



**Vaccine Exemption Form
Updated January 11, 2022**

Member / Program Participant Information

First Name	
Last Name	
Address	
City, State, Zip	
Phone Number	

MEDICAL EXEMPTION (Vaccination)

I attest that I, in conjunction with my medical provider(s), have sufficient reason for a medical exemption from COVID-19 vaccination. I further understand that the YMCA of the North Shore, at any time, may request documentation from me, up to and including official medical certification, to substantiate my medical exemption in compliance with local, state or federal regulations, law or mandates. I understand that any falsified information can lead to additional action, up to and including suspension of my membership until such a time as appropriate documentation can be provided.

Member Signature: _____

Staff Validating (Print Name): _____

Staff Validating (Initials): _____

RELIGIOUS EXEMPTION (Vaccination)

I attest that I have a firmly held religious belief that exempts me from COVID-19 vaccination. I further understand that the YMCA of the North Shore, at any time, may request documentation from me, to substantiate my religious exemption in compliance with local, state or federal regulations, law or mandates. I understand that any falsified information can lead to additional action, up to and including suspension of my membership until such a time as appropriate documentation can be provided.

Member Signature: _____

Staff Validating (Print Name): _____

Staff Validating (Initials): _____



**Mask Exemption Form
Updated January 11, 2022**

Member / Program Participant Information

First Name	
Last Name	
Address	
City, State, Zip	
Phone Number	

MEDICAL EXEMPTION (Mask)

I attest that I, in conjunction with my medical provider(s), have sufficient reason for a medical exemption from wearing a face covering. I further understand that the YMCA of the North Shore, at any time, may request documentation from me, up to and including official medical certification, to substantiate my medical exemption in compliance with local, state or federal regulations, law or mandates. I understand that any falsified information can lead to additional action, up to and including suspension of my membership until such a time as appropriate documentation can be provided.

Member Signature: _____

Staff Validating (Print Name): _____

Staff Validating (Initials): _____