



USA Fencing
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Colorado Springs, CO 80919
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www.usafencing.org

VACCINATION EXEMPTION FORM (Medical)

This form is for your use in applying for a medical exemption to vaccination requirements for USA Fencing national or international tournaments. Its purpose is to establish the basis for your request since USA Fencing permits exemptions on the basis of permanent or temporary medical conditions that prevent an individual from complying from the vaccination mandate. When completing the form, all information provided should be for the person whom the exemption is being requested.

Name: _____ Member ID (If Applicable): _____

E-mail: _____

I, _____, hereby affirm and acknowledge that:

1. I understand USA Fencing has determined that for any participant, coach, spectator or official who wishes to attend a USA Fencing national or international event:
 - a. the required vaccinations are necessary to prevent the spread of dangerous diseases among the fencing competitors, coaches, referees, fellow competitors; USA Fencing staff, and the general public and people of this state;
 - b. that medical experts and the World Health Organization (WHO) have determined that Pfizer, Moderna, Johnson & Johnson, AstraZeneca, Sinopharm and Sinovac vaccines are *safe* and efficacious, and that the known and potential benefits of the vaccines outweigh its known and potential risks;
 - c. that a person who does not receive the required vaccinations is at an elevated risk of contracting the COVID-19 disease and;
 - d. that a person who does not receive the required vaccination doses is at risk of contracting and spreading this disease and its variants, the product of mutation, to other persons;
2. My exemption is based on a medical condition or conditions. This exemption is supported by a doctor's sworn declaration under penalty of perjury that my medical condition is such that being vaccinated will be detrimental to my health, and I have included this declaration with this form for review;
3. For the medical exemption, if granted, I understand that I must present a negative PCR COVID test result from a test that was administered no *sooner* than 72 hours before the date of my arrival to the tournament venue. I further understand that rapid or antigen test results will not be accepted.
4. I declare that the information I have provided is true and correct to the best of my knowledge and ability and that any intentional misrepresentation or falsification of information for the purposes of gaining a medical exemption to the vaccination requirement may result in consequences, including suspension of my USA Fencing membership and right to participate in USA Fencing sanctioned tournaments.

Signature

Date

Signature of Parent or Guardian for Minor

Date

