

Covid-19 Vaccination Medical Exemption Form

Student Name: _____
Student ID#: _____
Student Email: _____

Pierce College will provide reasonable accommodation to qualified students with a medical exemption, unless providing such accommodation poses an undue hardship for the college.

STEPS for requesting a medical exemption:

1. Connect with your medical provider and provide them with this form.
2. Submit this completed form through MyPierce Portal or turn in the form at one of the Campus Safety Offices on-campus. Instructions on how to submit this form are located on our website – <https://www.pierce.ctc.edu/vaccinated-campus>.

We recognize that scheduling an appointment with your medical provider to discuss this form may take some time. If your medical appointment to discuss this form is scheduled for after December 20, 2021, please complete the Dear Student section below and upload/submit. Then after your appointment you will need to resubmit the completed form within 24 hours of receipt from your medical provider.

Dear Student,

In some circumstances, Pierce College will need to obtain additional follow up information about your medical exemption request. Pierce College will reach out to you if additional information is needed.

By submitting this exemption, I understand that I may be subject to restrictions and/or accommodations to participate in campus activities. If this is the case, the college will contact me.

I certify that I have read and understood the information provided in this request, and that it is true to the best of my knowledge, information, and belief. I further understand that falsification of data may result in a violation of the Student Code of Conduct.

Date of upcoming medical appointment: _____

Signature

Date

Student Name: _____

Student ID#: _____

Dear Medical Provider,

Pierce College policy requires all students participating in face-to-face instructional or service activities to be fully vaccinated from COVID-19. Students with a verified medical condition or disability that prevents them from receiving the vaccine can apply for an exemption to be eligible to participate in face-to-face instruction and services.

The above-named student has disclosed that they have a medical condition or disability which may prevent them from receiving an authorized COVID-19 vaccine.

We are requesting you complete the following form to help us to understand whether the student named above has a medical condition or disability which prevents them from receiving an authorized COVID-19 vaccine.

1. Are you licensed to practice in the state of Washington? Yes ___ No ___
 - a. If yes, license #: _____
 - b. If no, but are licensed in another state, what state and #?
 State: _____ License #: _____

2. What is your area of practice and/or medical expertise? _____

3. The above named student has disclosed they have a medical condition or disability that may prevent them from receiving an authorized COVID-19 vaccine. Can you confirm this medical condition/disability?
 Yes ___ No ___

4. What is the anticipated duration of the medical condition or disability which prevents this person from receiving an authorized COVID-19 vaccination?

My signature below declares that, in my professional opinion, the above responses are true and accurate, to the best of my knowledge and ability.

Medical Provider Signature

Date

Medical Provider Printed name

Phone number