



BREMERTON • POULSBO • SHELTON

Student Services

COVID-19 Vaccine Exemption - Medical Accommodation Form

Revised 09/03/2021

This form incorporates the requirements for Proclamation 20-12.5: Higher Education, which removed the philosophical exemption option for students. Consistent with the proclamation, Olympic College is a fully vaccinated campus and is implementing a policy requiring all of its students who participate in or attend courses, operations, or other activities in person to be fully vaccinated against COVID-19, subject to any medical exemptions required by law and any religious exemptions.

INSTRUCTIONS FOR STUDENT

By September 24, 2021, all students seeking an exemption must select the medical or religious exemption option in the ctclink attestation form. Students who do not effectively start this process by that date will be removed from in-person classes and not allowed on campus.

By November 5, 2021, in order to grant a reasonable accommodation to a student to remain unvaccinated, Olympic College must receive documentation from a Health Care Provider, as defined below. That documentation must confirm that the student is medically unable to receive an authorized COVID-19 vaccine. The documentation must also include a duration the accommodation will be needed.

Please complete and upload this form as soon as possible as we may need additional, clarifying information. Review and processing may require 1-2 weeks. If you have any questions, please do not hesitate to contact vpss@olympic.edu.

Health Care Provider Information

For the purposes of this student medical accommodation request, a Health Care Provider includes all qualified and licensed MD, ND, DO, ARNP, or PA professionals. If you have any questions about qualifications, please do not hesitate to contact vpss@olympic.edu.

INSTRUCTIONS FOR PROVIDER

A student with Olympic College has disclosed they have a medical condition which may prevent them from receiving an authorized COVID-19 vaccine. We are requesting that you complete the following form for verification.



COVID-19 Vaccine Exemption - Medical Accommodation Form

Student Information (Student to Complete)

Name:

ID Number:

Medical Exemption Information (Health Care Provider to Complete)

A student with Olympic College has disclosed they have a medical condition which may prevent them from receiving an authorized COVID-19 vaccine. We are requesting that you complete the following form for verification.

Health Care Provider Name:

Health Care Provider License Number & State:

Health Care Provider Address:

Health Care Provider Phone:

1. What is your area of practice and/or medical expertise?
2. The student has disclosed that they have a medical condition that may prevent them from receiving an authorized COVID-19 vaccine. Please identify the condition and verify that the medical condition prevents them from receiving an authorized COVID-19 vaccine.
3. What is the anticipated duration of the medical condition which prevents the student from receiving an authorized COVID-19 vaccination?

I have discussed the benefits and risks of immunizations with the student or parent/legal guardian and I certify that I am a qualified and licensed MD, ND, DO, ARNP, or PA, and declare that, in my professional opinion, the above responses are true and accurate to the best of my knowledge and ability.

Health Care Provider Signature

Date