

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