State Center Community College District

HEALTH SERVICES

Student Request for Medical Exemption from Vaccination Requirement

Student Last Name: _____ First Name: _____

DOB: _____ Student ID# _____ Phone: _____

I give permission for the medical provider listed below to inform the College Nurse/Health Services Coordinator that I am a patient under their care. Permission to release this information expires 1 year from my signature date.

Student Signature: _____ Date: _____

MEDICAL PROVIDER VERIFICATION FOR VACCINATION EXEMPTION

State Center Community College District (SCCCD) requires COVID-19 Vaccination for all individuals who enter buildings on SCCCD campuses/properties. This requirement aligns with health and safety guidance from federal, state, and local public health authorities. Your patient is in the process of requesting a medical exemption from the SCCCD COVID-19 Vaccine Mandate. Your assistance is requested to support this request.

Please answer the following as they relate to your patient:

Does this patient have a medical condition, a disability, or other impairment that affects their ability to receive a COVID-19 Vaccination?

☐ **NO**, my patient's condition does not affect their ability to receive COVID-19 Vaccination.

☐ **YES**, my patient's condition does not allow them to safely receive COVID-19 Vaccination.

If "YES" above, please specify if condition is:

- ☐ **Temporary:** Patient can receive the vaccination on or after (*specify date*): _____
- ☐ **Long Term**: Patient is unable to receive vaccination anytime in the foreseeable future

EACH OF THE FOUR ITEMS BELOW MUST BE COMPLETED

1. *Medical Provider Name (please print):* _____
2. *Medical Provider License #:* _____
3. *Medical Provider Signature:* _____ *Date:* _____
4. OFFICE STAMP:

***INSTRUCTIONS**: For approval of this request, the student must return this completed form to their campus Health Services Office or upload the form at: https://scccd.studenthealthportal.com/ . The student will be notified when this request is approved. Please allow 3-4 days for district processing.*