Covid-19 Vaccination Medical Exemption Form

Student Name: ____________________________________________

Student ID#: ____________________________________________

Provider Information: ______________________________________

Dear Doctor:

Green River College policy requires all students participating in face-to-face instructional 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.

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. _____________ (student name) 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?

I, ______________________________, declare that, in my professional opinion, the above responses are true and accurate, to the best of my knowledge and ability.

_________________________________________  ______________________
Signature Date

Please email form to Shawn Percell at skpercell@greenriver.edu