



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