Yavapai COLLEGE

YC HEALTHCARE STUDENT

MEDICAL EXEMPTION REQUEST FROM COVID-19 VACCINE

Student Name (print): _____Program: _____Date: _____

Only evidence-based medical contraindications against the COVID-19 vaccine confirmed by a licensed health care provider (MD, DO, NP or PA-C) will be accepted as support for an exemption request. Acceptable medical contraindications may be re-assessed as necessary. Please explain the Medical or Health reason(s) that prevents you from getting any COVID-19 vaccination, (including the adenovirus options), that necessitates this request for a medical exemption.

_____

_____

Please specify the class(es) for which exemption is being sought: _____

Length of time the exemption is needed: _____

This Medical Exemption form must include supporting documentation by an individual's provider (MD, DO, NP or PA-C) and returned to Robb Ferguson, Director, Disability Resources and Learning Centers Robb.Ferguson@yc.edu. Schedule an appointment: www.yc.edu/calendarrferguson

The documentation should include (this form can be used as documentation):

- Provider's printed name: _____
- Provider's signature and date: _____Date: _____
- Date of evaluation: _____
- Address and Phone number of Provider's practice:
  _____
- A statement from the provider that states:

I have evaluated the above individual. I hereby attest that this individual has one of the contraindications to the COVID-19 vaccine. (check all that apply)

- ☐ *Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a component of the COVID-19 vaccine*
- ☐ *Immediate allergic reaction of any severity to a previous dose or known (diagnosed) allergy to a component of the vaccine*
- ☐ *I hereby attest that this individual should delay receipt of COVID vaccination due to the following:*

Other: _____

Please Check: Yes: _____ No: _____ I am voluntarily declining to receive the COVID-19 vaccine as required by clinical agency partners, for student clinical learning placements. I understand that I may be exposed to the COVID-19 virus while participating in the placement and therefore understand and accept the associated risks.

I understand that even though YC may collect this Medical Exemption, clinical agencies have their own exemption policies and forms which I may be required to comply with. They have the right to review and approve or decline this exemption. This exemption is specific to the dates requested and YC will attempt to provide a reasonable placement that does not create an undue hardship on YC.

Student Signature _____ Date_____

School Representative Signature_____ Date_____

Title_____