



**COVID 19 Vaccination Medical Exemption Form**

\_\_\_\_\_, date of birth \_\_\_\_\_  
(student name)

Parent /guardian of: \_\_\_\_\_, date of birth \_\_\_\_\_  
(If under the age of 18)

I am requesting a Medical waiver for the COVID-19 Vaccination based on the following reason(s):

<b>Explanation (Must be completed by Medical Provider):</b>

**SIGNATURES:**

I hereby certify that the information submitted on this form is accurate to the best of my knowledge.

**Student signature:** \_\_\_\_\_

**Parent/ Guardian signature:** \_\_\_\_\_  
(If under the age of 18)

**Medical Provider signature:** \_\_\_\_\_

**An exemption must be requested annually.  
Please submit form to the Health and Wellness Center.  
[healthcenter@sjcme.edu](mailto:healthcenter@sjcme.edu)**