



VACCINATION EXEMPTION REQUEST MEDICAL  
EXEMPTION FORM (Student)

Exemption Request Date: \_\_\_\_\_ (Date sent to student for completion)

Student Name: \_\_\_\_\_ Student ID# \_\_\_\_\_

Tacoma Community College nursing program will allow a medical exemption for the COVID-19 vaccine, if you assert that you have a medical reason that prevents you from receiving the COVID-19 vaccine.

Please complete your response as per the program deadlines. If you have any questions or need more information, please do not hesitate to contact Theresa James at 253.566.5085 or TJames@tacomacc.edu

**Please respond below to attest a medical exemption pursuant to Proclamation(s) 21.14, 21.14.1, and 20-12.5 exemption.**

---

**Student Section** – Please complete the following

Student Name: \_\_\_\_\_ Program Title: \_\_\_\_\_

Name of Health Care Provider: \_\_\_\_\_

Address and Phone number of Health Care Provider: \_\_\_\_\_

I certify that I have a medical condition that prevents me from obtaining the COVID-19 Vaccination. I am requesting reasonable accommodation to remain unvaccinated for COVID-19 at this time.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Program Approval Signature: \_\_\_\_\_ Date: \_\_\_\_\_