



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: _____