



**VACCINATION EXEMPTION PERSONAL  
EXEMPTION FORM (Student)**

**Exemption Request Date:** \_\_\_\_\_

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

Tacoma Community College nursing program will allow students to attend Allied Health Programs without a COVID-19 vaccine.

I have not received the COVID-19 vaccine or I have only received one dose of a two dose series at this time.

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

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**Student Signature**

I certify that I am aware of the dangers of not being vaccinated against COVID-19. I am requesting reasonable accommodation to remain unvaccinated for COVID-19 at this time.

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

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