

**MEDICAL EXEMPTION FROM COVID-19 VACCINATION  
STUDENT REQUEST FORM**

A medical exemption may be granted upon receipt of a completed form not more than 6 months old, signed by a licensed healthcare provider not related to the submitter, and whose specialty is appropriate to the associated condition.

The College continually monitors the CDC guidelines for COVID-19 and reserves the right to make changes to these mandates

**Complete Section 1 below and have your medical provider complete Section 2 before uploading this form into the Mediat system**

**Section 1**

First Name:	G#:
Last Name:	Cell Phone:
Date of Request:	Upload this form to the Mediat system

I am requesting a medical exemption from Raritan Valley Community College’s mandatory vaccination policy for the COVID-19 vaccination for the following medical reason(s).

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I verify that the information I am submitting to substantiate my request for exemption from Raritan Valley Community College’s vaccination policy is true and accurate to the best of my knowledge. I understand that any falsified information can lead to disciplinary action, up to and including dismissal from the college without access to a tuition and fees refund.

I further understand that Raritan Valley Community College is not required to provide this exemption accommodation if doing so would pose a direct threat to myself or others or would create an undue hardship for Raritan Valley Community College.

I understand I must provide a weekly COVID-19 PCR test to the Dean of Student Services showing a negative result.

I give Raritan Valley Community College permission to contact my medical provider for clarification, if needed.

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

**Section 2**

**Medical Certification for Vaccination Exemption**

Student Name: \_\_\_\_\_

Dear Medical Provider,

Raritan Valley Community College requires vaccination against COVID-19 as a condition of attending. The individual named above is seeking an exemption to this policy due to medical contraindications.

Please complete this form to assist Raritan Valley Community College in the reasonable accommodation process.

**The person named above should not receive the COVID-19 vaccine due to :** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**This exemption should be:**

\_\_\_ Temporary, expiring on \_\_\_/\_\_\_/\_\_\_, or when \_\_\_\_\_.  
\_\_\_ Permanent

I certify the above information to be true and accurate, and request exemption from the COVID-19 vaccination for the above-named individual.

Medical Provider Name (print): \_\_\_\_\_

Medical Provider Signature: \_\_\_\_\_

Practice Name & Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ Medical License # \_\_\_\_\_

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**RVCC USE ONLY**

Date Certification Received: \_\_\_/\_\_\_/\_\_\_

Accommodation request:

\_\_\_ **Approved** \_\_\_/\_\_\_/\_\_\_  
Describe specific accommodation details:

\_\_\_ **Denied** \_\_\_/\_\_\_/\_\_\_  
Describe why accommodation is denied.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_