



Student Services

COVID-19 Vaccine Exemption – Medical Exemption Form

This form incorporates the requirements for Proclamation 20-12.5: Higher Education, which removed the philosophical exemption option for students. Consistent with the proclamation, Clark College will be a fully vaccinated campus, January 3, 2022 (Winter term), and is implementing a policy requiring all of its students who participate in or attend courses, operations, or other activities in person to be fully vaccinated against COVID-19, subject to any medical exemptions required by law and any religious exemption.

INSTRUCTIONS FOR STUDENTS

All students seeking an exemption must select the medical or religious exemption option in the ctcLink attestation form.

In order to grant a reasonable accommodation to a student to remain unvaccinated, Clark College must receive documentation completed by from a Health Care Provider as defined below. That documentation must confirm that the student is medically unable to receive an authorized COVID-19 vaccine. The documentation must also include the duration the accommodation will be needed.

Please complete and upload this form in [myclark@clark](#). Do not send the form in an email. Please complete this form as soon as possible, as we may need additional, clarifying information. Review and processing may require 1-2 weeks.

Health Care Provider Information

For the purpose of this student medical accommodation request, a Health Care Provider includes all qualified and licensed MD, ND, DO, ARNP, or PA professionals. If you have any questions about qualifications, please do not hesitate to contact vaxexempt@clark.edu.

INSTRUCTIONS FOR PROVIDER

A student with Clark College has disclosed they have a medical condition which may prevent them from receiving an authorized COVID-19 vaccine. We are requesting that you complete the following form for verification.



COVID-19 Vaccine Exemption – Medical Exemption Form

Student Information (Student to Complete)

Name: ctLink ID Number:

Medical Exemption Information (Health Care Provider to Complete)

A student with Clark College has disclosed they have a medical condition which may prevent them from receiving an authorized COVID-19 vaccine. We are requesting that you complete the following form for verification.

Health Care Provider Name:

Health Care Provider License Number & State:

Health Care Provider Address:

Health Care Provider Phone:

1. What is your area of practice and/or medical expertise?

2. The student has disclosed that they have a medical condition that may prevent them from receiving an authorized COVID-19 vaccine. Please identify the condition and verify that the medical condition prevents them from receiving an authorized COVID-19 vaccine.

3. What is the anticipated duration of the medical condition which prevents the student from receiving an authorized COVID-19 vaccination?

I have discussed the benefits and risks of immunization with the student or parent/legal guardian and I certify that I am a qualified MD, ND, DO, ARNP, or PA, and declare that, in my professional opinion, the above responses are true and accurate to the best of my knowledge and ability.

Health Care Provider Signature _____ Date _____