



MEDICAL EXEMPTION AND/OR DISABILITY EXCEPTION REQUEST FORM

Exception to SARS-CoV-2 (COVID-19) Vaccination Requirement

Name	Employee ID
Phone	Email

This form should be used by Santa Rosa Junior College (“District”) employees, students and volunteers to request an Exception to the District’s COVID-19 vaccination requirement based on (a) Medical Exemption due to contraindication or Precaution to [COVID-19 Vaccination recognized by the U.S. Centers for Disease Control and Prevention \(CDC\)](#) or by the vaccines’ manufacturers or (b) Disability.

Fill out Part A to request a Medical Exemption due to Contraindication or Precaution. Fill out Part B to request an Exception based on Disability. More than one section may be completed if applicable. **Important:** Do not identify any diagnosis, disability, or other medical information. That information is not required to process your request.

Part A: Request for Medical Exemption Due to Contraindication or Precaution

- The Contraindications or Precautions to COVID-19 vaccination recognized by the CDC or by the vaccines’ manufacturers apply to me with respect to all available COVID-19 vaccines. For that reason, I am requesting an Exception to the COVID-19 vaccination requirement based on Medical Exemption. My request is supported by the attached certification from my health care provider.

Part B: Request for Exception Based on Disability

- I have a Disability and am requesting an Exception to the COVID-19 vaccination requirement as a Disability accommodation. My request is supported by the attached certification from my health-care provider.

Please provide any additional information that you think may be helpful in processing your request. **Again, do not identify your diagnosis, disability, or other medical information.**

While my request is pending, I understand that I must comply with other preventive requirements (e.g., face coverings, regular asymptomatic testing) that the District requires for unvaccinated or not fully vaccinated individuals as a condition of my physical presence at any District Location/Facility or Program. I also understand that I must comply with any additional preventive requirements applicable to my circumstances or position, as required by local and state authorities. If the District grants my request, I understand that I will continue to comply with all preventive measures the District requires as a condition of my physical presence at any District Location/Facility or Program.

Initial next to each statement below:

	I request exemption from the COVID-19 vaccination requirement due to my disability or contraindication. I understand and assume the risk of non-vaccination.
	I understand that as I am not vaccinated, in order to protect my own health and the health of the community, I will comply with assigned COVID-19 testing requirements and other preventive requirements.
	I understand that in the event of close contact exposure to a COVID-19 positive individual, an outbreak or threatened outbreak, I may be temporarily excluded or reassigned from District facilities and approved activities. I agree to comply with these restrictions and accept responsibility for communicating with supervisors and human resources, as appropriate, to allow compliance with health and safety requirements for unvaccinated individuals.
	Should I contract COVID-19, or experience a close contact to a COVID-19 positive individual, I will immediately report it to Human Resources and comply with all isolation and quarantine procedures specified by the District.
	I acknowledge that I have read the <u>CDC COVID Vaccine Information</u> .
	I understand and agree to comply with and abide by all District COVID-19 policies and procedures.
	I understand that, if approved, this exemption is provisional, based on the current District COVID-19 vaccination policy, and subject to change based on District requirements moving forward.
	I certify that the information I have provided in connection with this request is accurate and complete as of the date of submission and that the District is relying on it for making operational decisions in keeping the campus safe. I understand this exemption may be revoked, and I may be subject to District disciplinary action if any of the information I provided in support of this exemption is false

I verify the truth and accuracy of the statements in this request form.

Signature: _____ Date: _____

Date Received: _____

Received by: _____

Submit all completed forms and documentation together to: ehsweb@santarosa.edu