



**PERALTA COMMUNITY COLLEGE DISTRICT
MEDICAL EXEMPTION AND/OR DISABILITY EXCEPTION REQUEST FORM
FOR COVID-19 VACCINATION**

Student Information

Student's Name: _____

Student's ID Number: _____

Student's College: _____

This form should be used by Peralta Community College District students attending classes onsite at a District facility or other District location to request an exception to the District's COVID-19 vaccination requirement based on (a) medical exemption due to a contraindication or precaution to COVID-19 vaccination [recognized by the U.S. Centers for Disease Control Prevention \(CDC\)](#) or by the vaccines' manufacturers; or (b) disability.

Fill out Section A to request an exception 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 (Medical Exemption). Fill out Section B to request an exception due to 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 submit your request.

Student to complete the following information:

Section A: Request for Exception Based on Medical Exemption

- The Contraindications or Precautions to COVID-19 vaccination recognized by the CDC or by the vaccines' manufactures apply to me with respect to all available COVID-19 vaccines. For that reason, I am requesting an accommodation to the COVID-19 vaccination requirement based on my medical condition. My request is supported by the attached certification of my health care provider.

Section B: Request for Accommodation Due to Disability

- I have a disability and am requesting an accommodation to the COVID-19 vaccination requirement as a disability accommodation. My request is supported by the attached certification of 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 medical information.**

While my request is pending, I understand that I must comply with all other COVID-19 prevention requirements (e.g. face coverings, regular asymptomatic testing) for unvaccinated or not fully vaccinated individuals under District policy, and county, state, and local public health directives. If my request is granted, I understand that I will be required to comply with COVID-19 prevention requirements, other than vaccination, as specified.

My signature below indicates that the information I have provided in this form are accurate and truthful.

Student's Signature

Date