



COVID-19 Vaccination Medical Exemption Form

Student's Name:

Banner ID:

Commnet Email Address:

Date of Birth:

Cell Phone Number:

As the treating physician, I am requesting that this patient have a medical exemption pertaining to the COVID-19 vaccine. It is my professional opinion that the patient has an underlying medical condition for which the vaccination is contraindicated, or the risk of vaccination far outweighs the benefit.

Reason for Medical Exemption:

Name of Healthcare Practitioner (Print): _____

Signature of Healthcare Practitioner: _____

Please provide office stamp below:

Given the active pandemic, individuals with an approved exemption for medical reasons may be instructed to wear masks at all times indoors, subjected to testing, remain off campus during a disease outbreak and/or be expected to quarantine. If this were to occur, the College/University will not refund tuition, fees, or other expenses for students who must leave campus or quarantine.

Student signature: _____

Parent signature: _____

(if student is under the age of 18)

Please submit this form using one of the following options:

- Email your completed form to LKelley@QVCC.edu
- Drop your completed form off at the Dean of Academics and Student Affairs office, Room E226, Danielson Campus
- Fax your completed form to the attention of Lois Kelley at 860-932-4304

For any questions/concerns, please call the Dean of Academics and Student Affairs at 860-932-4121.