

WVMCCD MEDICAL EXEMPTION REQUEST PROCESS

This Section to be Completed by the Medical Provider

Medical Provider Name: _____

Medical Provider Phone Number: _____

Medical Provider Address: _____

Medical Provider License Number: _____

Student/Patient Name: _____

To Medical Provider: The West Valley-Mission Community College District requires students to be fully vaccinated against COVID-19. This form is to certify whether the West Valley student named above has

- a contraindication or precaution to COVID-19 vaccination recognized by the Centers for Disease Control and Prevention (“CDC”) or by the vaccines’ manufacturers; ***or***
- a COVID-19-related diagnosis or treatment within the last 90 days recognized by the CDC as a contraindication or precaution to the available COVID-19 vaccinations; ***or***
- a disability within the meaning of Title II of the Americans with Disabilities Act (“ADA”) and Section 504 of the Rehabilitation Act that substantially limits the student’s ability to be fully vaccinated against COVID-19.

Please only answer the specific questions asked below and do not provide any additional information. Do not provide any information regarding diagnosis, medical cause, or medical history. Your responses should be limited to your determination of the student’s limitations or need for accommodations, if any. Further, the Genetic Information Nondiscrimination Act of 2008 (“GINA”) prohibits us from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law.

Therefore, we also request that you not provide genetic information when responding to this request.

Provide a written statement from a medical provider exempting you due to a disability or serious medical condition and email the physician's letter with a copy of this form.

The Statement must:

- Be submitted on the doctor's office letterhead
- Contain the doctor's printed name
- Contain the doctor's license number
- Contain the doctor's signature
- Contain the date the statement is issued

1) Email Exemption Documents

Email both documents from step 2, 3, and 4 to the following email: Covid.healthservices@wvm.edu.

You will be notified of the status of your exemption request after it has been evaluated and approved or denied. Please allow two weeks for review. Begin the required twice a week PCR Screenings immediately.