

## MEDICAL PROVIDER VERIFICATION FOR VACCINATION EXEMPTION

### THIS SECTION TO BE COMPLETED BY THE MEDICAL PROVIDER

Mt. San Jacinto College (MSJC) requires COVID-19 Vaccinations for all individuals who enter buildings on the MSJC campus/properties. This requirement aligns with health and safety guidance from federal, state, and local public health authorities. Your patient is in the process of requesting a medical exemption from the MSJC COVID-19 Vaccine Mandate. Your assistance is requested to support this request.

<b>Medical Provider Name:</b>	
<b>Medical Provider Address:</b>	
<b>Medical Provider Phone Number:</b>	
<b>Medical Provider License Number:</b>	
<b>MSJC Student/Patient Name:</b>	

Please answer the following as they relate to your patient:

**Does this patient have a medical condition, a disability, or other impairment that affects their ability to receive a COVID-19 Vaccination?**

\_\_\_ **NO**, my patient's condition does not affect their ability to receive COVID-19 Vaccination

\_\_\_ **YES**, my patient's condition does not allow them to safely receive COVID-19 Vaccination.

**If "YES" above, please specify if condition is:**

\_\_\_ **Temporary:** Patient can receive the vaccination on or after (specify date):

\_\_\_ **Long Term:** Patient is unable to receive vaccination anytime in the foreseeable future

<b>Medical Provider Signature:</b>	<b>Date:</b>
<b>OFFICE STAMP:</b>	