



HIGHLAND COMMUNITY COLLEGE

COVID-19 Vaccination Exemption Request Form  
2021-2022 Academic Year

Completion of this form will serve as your request to be exempt from the COVID-19 vaccination mandate for all employees and students. This information and related documentation will be treated confidentially. Forms completed by employees should be submitted to the Director, Human Resources; completed student forms should be submitted to the Vice President/CSSO, Student Development and Support Services.

|                   |                |
|-------------------|----------------|
| Name:             |                |
| Phone/Cell phone: | Email Address: |

|   |
|---|
| <b>MEDICAL ACCOMMODATION REQUEST: Please complete this section for a medical accommodation</b><br><i>Briefly describe your reason below. <b>Additionally, you must include appropriate medical documentation from your healthcare provider clearly indicating the reason(s) for the medical contraindication to the COVID vaccine(s).</b></i> |
|---|

|   |   |
|---|---|
| <b>RELIGIOUS ACCOMMODATION REQUEST: Please complete this section for a religious accommodation</b><br><i>Describe the religious belief, observance or practice that is contrary to receiving the COVID-19 vaccine. If you need additional space, please attach a separate document to this form. Additionally, if you would like to submit documentation from someone familiar with your religious belief, please attach that to this form. Please include your name on any supporting documentation.</i> |   |
| Name or Description of Religious Belief, and the Church or Religious Body (if applicable):  |   |
| Name of Clergy or Contact Person who has knowledge of sincerity of Religious Belief:  | Phone Number of Clergy or Contact Person: |

I affirm that the above information I have provided is complete and accurate. I understand that, if granted an exemption, I must comply with all mitigation measures required of me by the College. I also understand the risks involved in not receiving a COVID-19 vaccination and accept full responsibility for my health. I agree that should I contract COVID-19, I will comply with any and all limitations placed upon me by the College or public health officials.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

If student is under the age of 18, parent or legal guardian signature is required.

\_\_\_\_\_  
Printed name of parent/legal guardian

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

|   |
|---|
| Designated Office Use Only:<br><br>Medical/Religious Exemption Approval Date: _____ Signature: _____<br><br>Name/Title: _____ |
|---|