**Community College of Philadelphia**

**Student Request for COVID-19 Vaccine Exemption**

**Student Name**: Click or tap here to enter text. **J-Number**: Click or tap here to enter text.

**Program/Department:** Click or tap here to enter text. **Program/Department Head:**Click or tap here to enter text.

**Date You Need to Come to Campus:** Click or tap here to enter text.

Students must be vaccinated or have an approved exemption in order to register for in-person or hybrid courses, and to access campus buildings. This form is to be completed by any student seeking an exemption from the COVID-19 vaccination requirement. Please **select which exemption you are seeking below** and **provide the requested information** in connection with that exemption. If your exemption is approved, **you will be subject to the College’s COVID-19 safety protocols for unvaccinated individuals, as they may be amended from time to time, which may include, without limitation, regular COVID-19 testing**. **Exemption forms must be submitted at least two weeks in advance of the semester for which you need to register.**

**Medical Exemption**

Please explain the reason and time period for your exemption.

Click or tap here to enter text.

If seeking a medical exemption, you must submit **a signed statement from your licensed healthcare provider** which explains why the COVID-19 vaccine is medically contraindicated or detrimental to your health and the time period for the exemption. The healthcare provider submitting the statement must be licensed and may not be related to you. **The statement from your healthcare provider must include the following certification:** “*I hereby certify that the statements contained herein are true and correct to the best of my belief knowledge and belief. I understand that if I knowingly make any false statements herein, I am subject to such penalties as may be prescribed by statute or ordinance*.”

**Religious Exemption**

Please explain how receipt of the COVID-19 vaccine conflicts with your sincerely held religious beliefs.

Click or tap here to enter text.

*I understand that by choosing not to get the COVID-19 vaccine, I may be placing myself and others at risk should I contract or be exposed to COVID-19. I have had an opportunity to discuss my choice not to get vaccinated with my healthcare provider if I wished to do so. I understand that by choosing not to receive the COVID-19 vaccine, I will be required to be regularly tested for COVID-19, and I may be excluded from in-person activities at the College or be subject to other precautionary measures. I assume the risks associated with not getting the COVID-19 vaccine. If I have asked for a medical exemption, I further authorize Community College of Philadelphia to contact my healthcare provider if further information regarding the request is necessary. I certify that the information I have provided in this form (and in any attachment) is true, complete, and accurate to the best of my knowledge and belief, and I understand that if I knowingly make any false statement herein, I am subject to such penalties as may be prescribed by statute or ordinance. I hereby attest that I am declining vaccination at this time for the reasons identified herein.*

**Student Signature**: Click or tap here to enter text. **Date**: Click or tap here to enter text.

(Type or sign your name above to indicate your signature)

**Please return this form to vaccine@ccp.edu.**