



**Request for COVID-19 Vaccination Medical Exemption Form**

Name:	Banner ID:
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: \_\_\_\_\_

Signature of Healthcare Practitioner: \_\_\_\_\_ Date: \_\_\_\_\_

Please provide Healthcare Practitioner's 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 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 [registrar@threerivers.edu](mailto:registrar@threerivers.edu)
- Drop your completed form off at the TRCC Main Entrance
- Fax this form to: 860-215-9919

For any questions/concerns, please call Our Welcome Center at 860 215 9116.