



Name

Email

Phone Number

This form should be used by Santa Barbara Community College District ("District") students and employees to request an Exception to the COVID-19 vaccination requirement in the District's SARS-CoV-2 Vaccination Program Policy based on (a) Medical Exemption due to a Contraindication or Precaution to COVID-19 vaccination recognized by the U.S. Centers for Disease Control and Prevention (CDC) or by the vaccinesâ€™™ manufacturers; (b) Medical Exemption due to COVID-19 diagnosis or treatment within the last 90 days; or (c) Disability.

Fill out Part A to request a Medical Exemption due to Contraindication or Precaution. Fill out Part B to request a Medical Exemption due to COVID-19 diagnosis or treatment within the last 90 days. Fill out Part C to request an Exception based on Disability. More than one section may be completed if applicable. Important: Do not identify any diagnosis, disability, or other medical information (other than COVID-19 diagnosis in Part B). That information is not required to process your request.

Part A: Request for Medical Exemption Due to Contraindication or Precaution

The Contraindications or Precautions to COVID-19 vaccination recognized by the CDC or by the vaccinesâ€™™ manufacturers apply to me with respect to all available COVID-19 vaccines. For that reason, I am requesting an Exception to the COVID-19 vaccination requirement based on Medical Exemption. My request is supported by the attached certification from my health care provider. **I understand that the certification must be signed by a physician, nurse practitioner, or other licensed medical professional practicing under the license of a physician.**

Part B: Request for Medical Exemption Due to COVID-19 Diagnosis or Treatment

I have been diagnosed with or treated for COVID-19 within the last 90 days. For that reason, I am requesting an Exception to the COVID-19 vaccination requirement based on Medical Exemption. My request is supported by the attached certification from my health care provider. **I understand that the certification must be signed by a physician, nurse practitioner, or other licensed medical professional practicing under the license of a physician. This exemption will expire 90 days from issuance.**

Part C: Request for Exception Based on Disability

I have a Disability and am requesting an Exception to the COVID-19 vaccination requirement as a Disability accommodation. My request is supported by the attached certification from my health care provider. **I understand that the certification must be signed by a physician, nurse practitioner, or other licensed medical professional practicing under the license of a physician.**

Please provide any additional information that you think may be helpful in processing your request. Again, do not identify your diagnosis, disability, or other medical information.

While my request is pending, I understand that I must comply with the Non- Pharmaceutical Interventions (e.g., face coverings, regular asymptomatic testing) for unvaccinated or not fully vaccinated individuals as a condition of my Physical Presence at any District Location/Facility or Program. These required Non- Pharmaceutical Interventions are defined by local and state public health, environmental health and safety, occupational health, or infection prevention authorities, including. I also understand that I must comply with any additional Non-Pharmaceutical Interventions applicable to my circumstances or position, as required by local and state authorities. If my request is granted, I understand that I will be required to comply with Non- Pharmaceutical Interventions specified by local and state authorities as a condition of my Physical Presence at any District Location/Facility or Program.

I verify the truth and accuracy of the statements in this request form and all attached documents.

Signature

Date