

STATE OF WASHINGTON  
PROCLAMATION 20-12.5 (STUDENT VACCINE REQUIREMENT)  
MEDICAL EXEMPTION REQUEST FORM

**INSTRUCTIONS FOR USE**

This form incorporates the requirements of Proclamation 20-12.5: Higher Education, which removed the philosophical exemption option for students. In accordance with the proclamation, Walla Walla Community College is a vaccinated campus and is requiring all students participating in programs, courses, operations, events, or other activities on campus to be fully vaccinated against COVID-19, subject to any medical exemptions required by law and any religious exemptions.

**INSTRUCTIONS**

By September 27, 2021, all students seeking an exemption must select the medical (or religious) exemption option in the student attestation form.

By October 6<sup>th</sup>, in order to grant a reasonable accommodation to a student to remain unvaccinated, Walla Walla Community College must receive documentation from a health care provider (defined below) that must confirm that the student is medically unable to receive an authorized COVID-19 vaccine. The documentation must also include a duration the accommodation will be needed.

**Health Care Provider Information**

For the purposes of this student medical accommodation request, a health care provider includes all qualified and licensed MD, ND, DO, ARNP, or PA professionals. If you have any questions about qualifications, please contact [studentcovidinfo@wwcc.edu](mailto:studentcovidinfo@wwcc.edu) or call 509-529-5454.

**Please return this form by October 6<sup>th</sup>, or as soon as possible to Enrollment Services.**

**Please do not send or include any sensitive medical information by email.**

WWCC reserves the right to review COVID-19 exemptions and accommodations extended to students in light of changing public health conditions, changes in Washington State policy, and the emergence of new information.

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**VACCINE PROCLAMATION MEDICAL QUESTIONNAIRE**

Name of Student: \_\_\_\_\_ Student ID: \_\_\_\_\_

**Notice to the health care provider:**

The above referenced student is requesting a medical exemption to the requirement to receive a Covid-19 vaccine as a condition of access on-campus education and services.

Please complete the following form to help us understand whether the student has a medical condition or disability, which prevents them from receiving an authorized COVID-19 vaccine.

**To be completed by a licensed health care provider:**

1. Are you licensed to practice in the state of Washington?

2. What is your area of practice and/or medical expertise?

3. Does the above referenced person have a medical condition or disability that prevents them from receiving an authorized COVID-19 vaccine?

\_\_\_\_\_ YES

\_\_\_\_\_ NO

4. What is the anticipated duration of the medical condition or disability which prevents the employee from receiving an authorized COVID-19 vaccination?

\_\_\_\_\_

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5. Will the student be able to receive an authorized COVID-19 vaccine when their medical condition of disability is resolved?

\_\_\_\_\_ YES                      \_\_\_\_\_ NO

**Declaration of health care provider:**

I declare that, in my professional opinion, the above responses are true and accurate, to the best of my knowledge and ability.

Health Care Provider Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name of Health Care Provider: \_\_\_\_\_

Address of Health Care Provider: \_\_\_\_\_

\_\_\_\_\_

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