



**Monterey Peninsula College COVID-19
Employee Vaccine Medical Exemption Request Form**

*Please complete this form and submit to MPC's online vaccine tracking system "Qualtrics", coming in late December!
(Please contact Human Resources, if additional assistance is needed)*

Part A: To be completed by the employee:

Employee's full name: _____ Email Address: _____

By submitting this form, I understand that if approved, I will be required to upload weekly PCR COVID-19 test results to MPC's tracking system as a condition of the exemption and campus safety protocols. Should I fail to submit a weekly test, I will be subject to progressive discipline up to and including dismissal from employment.

Employee Signature: _____ Date: _____

Part B: To be completed by healthcare provider:

I, _____ (name of licensed MD, DO, PA, NP) hereby certify that the above-named person has a medical condition that contraindicates his/her vaccination with **COVID-19 (SARS- CoV-2) vaccine**.

The physical condition of the person or medical circumstances relating to the person are such that immunization is not considered safe. The specific nature of the medical condition or circumstances that contraindicate immunization with this vaccine are indicated below **(REQUIRED)**:

The contraindication and/or precaution is: Permanent Temporary

If temporary:

The expiration date of the exemption for this vaccine is: _____

Signature of Provider: _____ Date: _____

Medical License Number: _____ State/Country of Issue: _____

Part C: To be completed by Human Resources

Date Received: _____

Approved

Denied

Date Reviewed: _____
