



Dear potential student,

New Mexico Junior College (NMJC) is requiring the COVID-19 vaccination to protect yourself and the NMJC community before being permitted to live in NMJC Housing facilities, unless you receive a medical or religious exemption as set forth below.

- COVID-19 is a serious disease that has caused over 1.5 million hospitalizations and over 500,000 deaths in the United States since the pandemic started.
- COVID-19 vaccination is recommended for all people 16 years of age and older.
- If you contract COVID-19, It may spread to other members of the NMJC community even if you have very mild or no symptoms.
- Understand that you may change my mind at any time and accept the COVID-19 vaccination if the vaccine is available.

There are two options for an exemption for getting the vaccine to live in NMJC Housing. You may do either the Medical Exemption or the Religious Exemption. **Please print out the exemption page that pertains to your needs. Return Exemption Request Form to: spatterson@nmjc.edu or Dean of Students, 1 Thunderbird Circle, Hobbs, NM, 88240**

NMJC Administration is still developing reopening guidelines. NMJC will follow CDC and the State of New Mexico guidelines. A few of the guidelines suggest that NMJC may have to:

- Provide a section of dorms/housing for unvaccinated students.
- Make sure unvaccinated students wear masks in all NMJC buildings except their dorm room/apartment.
- Administer surveillance testing to unvaccinated students living in housing.

We are living in unprecedented times and trying to stay a face-to-face based educational institution. NMJC has to follow State and CDC guidelines to stay open and do our part to stop the spread of COVID 19.

Please visit the CDC website <https://www.cdc.gov/vaccines/covid-19/eua/index.html> for further information about the vaccine.

We are looking forward to the new semester and having you on campus! Have a wonderful day.



Student's Name: _____ A#: _____ Date of Birth: _____

MEDICAL EXEMPTION CERTIFICATION

Instructions: Please complete this form to release information regarding your request for an accommodation exempting you from receiving the COVID-19 vaccine due to your health condition.

I have provided this certificate, signed and dated by my licensed health care provider, certifying that receiving the COVID-19 vaccine is contraindicated for me due to applicable CDC contraindications and/or my medical condition.

Student Signature: _____ **Date** _____

Parent/Legal Guardian Signature*: _____ **Date** _____

**Needed only if student is under 18 years of age.*

THIS SECTION TO BE COMPLETED BY A LICENCED MEDICAL PROVIDER:

I, _____ [Printed name of licensed MD, DO, PA, NP] certify that the above-named student is under my medical care and has a medical condition that contraindicates his/her vaccination with the COVID-19 Vaccine at this time.

Health Care Provider Signature: _____ Date: _____

Health Care Provider Contact Info: _____ Physician
_____ Address
_____ State _____ Zip Code
_____ Phone #

Return Exemption Form to: spatterson@nmjc.edu or Dean of Students, 1 Thunderbird Circle, Hobbs, NM, 88240

NMJC Use Only: _____ Approved _____ Denied

Authorized Signature _____ **Date** _____

Student's Name: _____ A#: _____ Date of Birth: _____

RELIGIOUS EXEMPTION CERTIFICATION

Instructions: Please either complete the top or bottom section of the form to release information to New Mexico Junior College (NMJC) regarding your request for an exemption for you from receiving the COVID-19 vaccine due to your religious beliefs.

TO BE COMPLETED BY YOUR RELIGIOUS AUTHORITY:

I, _____ [Name of Religious Affiliation Authority] certify that the above-named student is an active member/participant in my congregation/organization and that the vaccination is against his/her religious beliefs:

Religious Authority Signature: _____ **Date** _____

Name of Religious Organization: _____

Address of Religious Organization: _____

OR

I have provided this notarized certificate certifying that I receiving the COVID-19 vaccine is against my sincerely held religious beliefs.

Student Signature: _____ **Date** _____

Parent/Legal Guardian Signature*: _____ **Date** _____

**Needed only if student is under 18 years of age.*

Notary

Subscribed and sworn before me this _____ day of _____, 20 _____,

_____ My Commission expires: _____

Notary's Signature



Notary Seal

Return Exemption Form to: spatterson@nmjc.edu or Dean of Students, 1 Thunderbird Circle, Hobbs, NM, 88240

NMJC Use Only:	Approved	Denied
Authorized Signature _____	Date _____	