



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 _____