



Medical Certification for Vaccination Exemption

Name: _____

Dear Medical Provider,

Joliet Junior College requires vaccination against [COVID-19.] as a condition of attending classes on campus. The individual named above is seeking an exemption to this policy due to medical contraindications. **It is understood that the individual submitting this form is giving permission for the medical provider to release this information to Joliet Junior College for the purpose of verification.**

Please complete this form to assist Joliet Junior College in the reasonable accommodation process.

The person named above should not receive the COVID-19 vaccine due to:
This exemption should be: <input type="checkbox"/> Temporary, expiring on: __/__/__, or when _____ <input type="checkbox"/> Permanent

I certify the above information to be true and accurate, and request exemption from the COVID-19 vaccination for the above-named individual.

Medical Provider Name (print):	
Medical Provider Signature:	Date:
Practice Name & Address:	Provider Phone: