

COVID MEDICAL EXEMPTION FORM

In accordance with state and local health guidelines, Colorado Mountain College is requiring COVID vaccinations for all students living in residence halls, participating on college athletic teams, enrolled in courses or activities that include overnight travel or enrolled in public health or safety programs with mandatory clinical or experiential components that require a COVID vaccination. Students must provide a copy of their COVID-19 vaccination record or submit this medical exemption form signed by a medical professional.

Students with an immunization exemption on file may be restricted from CMC facilities in the event of a COVID outbreak; the length of time will vary depending on public health guidelines.

Student Last Name	First Name	MI	Student ID	
Address: Street/PO BOX	City	State	ZIP Code	
Email	Phone Number			
Student Signature:		Date:		
To be completed by health care	e provider:			
	named student is such that the COVID vandicated due to other medical conditions		endanger their	
Signature:	Date:			
Physician (MD, DO), Advanced Prac	ctice Nurse (APN), or delegated Physician	Assistant (PA)		
	OFFICE USE ONLY			
Processed by:	Date	Collea	gue Etrieve	