



Student Services

COVID-19 Vaccine Medical Exemption Form

Revised 09/13/2021

This form incorporates the requirements for Proclamation 20-12.5: Higher Education, which removed the philosophical exemption option for students. Consistent with the proclamation, LWTech is a fully vaccinated campus and is implementing a policy requiring all of its students who participate in or attend courses, operations, or other activities in person, to be fully vaccinated against COVID-19, subject to any medical exemptions required by law and any religious exemptions.

INSTRUCTIONS FOR STUDENT

Please complete and upload this form as soon as possible as we may need additional, clarifying information. Review and processing may require 1-2 weeks. You will be notified in writing if your exemption is denied or approved.

Forms can be uploaded: https://cm.maxient.com/reportingform.php?LakeWashingtonIT&layout_id=20

If you have any questions, please contact student.services@lwtech.edu.

Health Care Provider Information

For the purposes of this COVID19 Vaccine Medical Exemption Form, a Health Care Provider includes all qualified and licensed MD, ND, DO, ARNP, or PA professionals. If you have any questions about qualifications, please contact student.services@lwtech.edu

INSTRUCTIONS FOR PROVIDER

A student with LWTech has disclosed they have a medical condition which may prevent them from receiving an authorized COVID-19 vaccine. We request that you complete the following form for verification.



COVID-19 Vaccine Medical Exemption Form

Student Information (Student to Complete)

Name:

ID Number:

Medical Exemption Information (Health Care Provider to Complete)

A student with LWTech has disclosed they have a medical condition which may prevent them from receiving an authorized COVID-19 vaccine. We are requesting that you complete the following form for verification.

Health Care Provider Name:

Health Care Provider License Number & State:

Health Care Provider Address:

Health Care Provider Phone:

1. What is your area of practice and/or medical expertise?
2. The student has disclosed that they have a medical condition that may prevent them from receiving an authorized COVID-19 vaccine. Please identify the condition and verify that the medical condition prevents them from receiving an authorized COVID-19 vaccine.
3. What is the anticipated duration of the medical condition which prevents the student from receiving an authorized COVID-19 vaccination?

I have discussed the benefits and risks of immunizations with the student or parent/legal guardian and I certify that I am a qualified and licensed MD, ND, DO, ARNP, or PA, and declare that, in my professional opinion, the above responses are true and accurate to the best of my knowledge and ability.

Health Care Provider Signature

Date