

SOUTHWESTERN COLLEGE
STUDENT MEDICAL EXEMPTION REQUEST FORM
(Accommodation to COVID – 19 Vaccine or Mask Mandate)

Student Name:

Student ID:

Student Phone Number:

Student EMAIL:

I am requesting a medical exemption from Southwestern College's mandatory vaccination policy for the COVID-19 vaccine.

I am requesting a medical exemption from Southwestern College's mandatory mask policy.

Please describe any other medical exemptions that you are requesting.

Please list the date when your medical exemption expires per the documentation you will upload with this form.

I verify that the documentation I am submitting with this form to substantiate my request for a medical exemption from Southwestern College's vaccination policy is true and accurate to the best of my knowledge. I understand that any falsified information or failure to follow testing requirements can lead to student disciplinary action per Administrative Procedures 5500 and 5520.

Medical form: I understand that if I am approved for a medical exemption, I will be required to get tested for COVID-19 twice a week while I am taking in person classes. I understand that if I am found to be non-compliant with the testing requirements or any other COVID-19 protocols, I may be dropped from my in-person classes. I understand that I must follow Southwestern College's and the County of San Diego's protocols with respect to COVID-19 symptom reporting, self-isolation, and self-quarantine procedures if I experience symptoms associated with COVID-19 or I am identified as a close contact to someone who has been confirmed or is likely to have COVID-19. Current COVID-19 protocols can be found on swccd.edu/swcreturns.

Student Signature:

Date:

Date Received by SWC:

By: