

COLUMBUS STATE

COMMUNITY COLLEGE

Medical Exemption to COVID-19 Vaccination Request Form

Name

Date of Request

Email Address

Cougar ID

College Program

Describe the medical condition(s) that conflicts with the CMS COVID-19 vaccination requirement.

Identify which COVID vaccinations (e.g., Pfizer, Moderna, and/or Johnson & Johnson) are contraindicated by your medical condition(s):

Requester Signature

Date

Note: You must also submit a statement from your treating physician stating your medical conditions, which vaccines are contraindicated by your medical conditions, and whether your treating physician or licensed practitioner operating under their respective scope based on state and local laws recommends you to be exempt from the CMS COVID-19 vaccination requirement. The statement must be signed and dated by your physician or licensed practitioner operating under their respective scope based on state and local laws and include credentials, business address, business phone number, and business email address.

Division of Health & Human Services

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