



# CONTRA COSTA COLLEGE

How to Submit Vaccination Exception for Medical Reasons

[Submit Here](#)

**Step 1:** Please select whether you are a student or an employee

Please check one:  Student  Employee

**Step 2:** Select your college site

Please select your college or site:  CCC  DVC  LMC  District Office

**Step 3:** Fill out your personal information including name, student/employee ID number, phone number, and district email address. Students should use their (@insite.4cd.edu) and employees should use their (@email.4cd.edu) email address.

Name:	<input type="text"/>	Student ID/Employee ID:	<input type="text"/>
Phone Number: *	<input type="text"/>	District Email:	<input type="text"/>

**Step 4:** Fill out the statement, with your name. Select the medical reasons that apply to you whether it is due to Contraindication or Precaution, Disability, or both.

request exemption from the COVID-19 vaccination requirement for the following reason:

*Fill out Part 1 to request a Medical Exemption due to Contraindication or Precaution. Fill out Part 2 to request an exception based on Disability.*

**Part 1: Request for Medical Exemption Due to Contraindication or Precaution**

The Contraindications or Precautions to COVID-19 vaccination recognized by the CDC or by the vaccines' manufacturers apply to me with respect to all available COVID-19 vaccines. For that reason, I am requesting an Exception to the COVID-19 vaccination requirement based on Medical Exemption. My request is supported by the attached certification from my qualified licensed health care provider. (Click here to download the [CCCCD Medical Provider Certification Form](#))

**Part 2: Request for Exception Based on Disability**

I have a disability and am requesting an Exception to the COVID-19 vaccination requirement as an accommodation. My request is supported by the attached certification from my qualified licensed health care provider. (Click here to download the [CCCCD Medical Provider Certification Form](#))

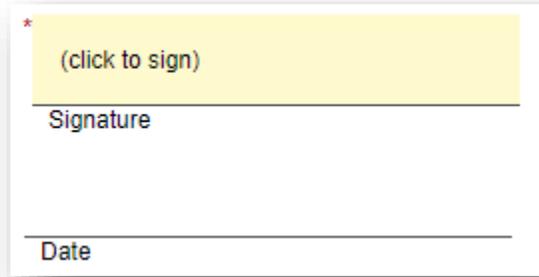
**Step 5:** Download the [CCCCD Medical Provider Certification Form](#) and have it signed by a licensed physician, physicians' assistant, or nurse practitioner. They must complete the medical exemption statement and provide their information below. Forms completed by the employee or student will not be accepted.

**Step 6:** Upload a digital copy of your Medical Provider Certificate. You may also upload any additional documentation, if necessary.

Medical Provider Certificate: \*  No file chosen  
*Files over 25 MB will not be accepted*

Additional Documentation:  No file chosen  
*Files over 25 MB will not be accepted*

**Step 7:** Sign the application once you have filled everything out.



\* (click to sign)

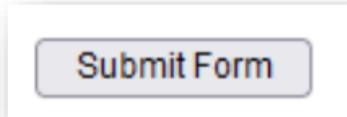
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Signature

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Date

**Step 8:** Click on the “Submit Form” button to complete the Religious Exemption form.



Submit Form