

GRCC Vaccine Exemption Attestation Form

Student Name: _____

Date: _____

Student ID Number: _____

GRCC Email Address: _____

Enrolled Program/Plan: _____

Vaccine Exemption Requested (e.g., influenza, COVID-19): _____

I request an exemption from the above listed vaccine requirement for students enrolled in GRCC Health Programs with clinical components.

I understand that GRCC **clinical partners are not required to honor this exemption**, and that my vaccination status may impact my ability to participate at clinical sites where the provider maintains a vaccination requirement. **I understand that this may delay the completion of my program or impact my ability to complete my program.**

Signature: _____