

Vaccine Exemption Attestation Form

Student Name: _____

Date: _____

Student ID Number: _____

GRCC Email Address: _____

Enrolled Program/Plan: _____

Vaccine Exemption Requested: _____

I request an exemption from the vaccine requirement listed above, as it is a clinical site requirement for students participating in the clinical components of GRCC Health Programs.

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: _____