

# Holland College COVID-19 Mandatory Vaccination Policy

## Attestation and Exemption Request Form

I attest that I am:

- not vaccinated against COVID-19
- partially vaccinated against COVID-19 (received one dose of a two-dose series)

I request an exemption under the Holland College COVID-19 Mandatory Vaccination Regulation for one of the following grounds:

- I have a medical condition that is contraindicated to COVID-19 vaccination, and I have attached written confirmation from a physician, nurse practitioner or psychologist to confirm same.
- I have a genuine and sincerely held religious or cultural belief, or on the basis of another ground protected by applicable human rights legislation, which precludes me from obtaining a COVID-19 vaccine. Details are as follows.

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I attest that the information on this form and attached is true and correct. I provide my consent to Holland College to have this information. I understand that Holland College will restrict disclosure of my vaccination status to members of the College's administration who require this information to administer the COVID-19 Mandatory Vaccination Regulation.

Print Name: \_\_\_\_\_

Program or Department: \_\_\_\_\_

Student ID #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Completed forms and any accompanying documentation will be sent to the Registrar's Office for students who are requesting an exemption, and to Human Resources, for faculty and staff members who are requesting an exemption.