



OFFICE OF DISABILITY SERVICES
College Drive • P.O. Box 2001
Toms River, NJ 08754-2001
PHONE 732-255-0456 • FAX 732-864-3860
TTY & VOICE RELAY 711

COVID-19 VACCINE MEDICAL CONTRAINDICATION FORM

INSTRUCTIONS

- 1. This form must be completed by any student requesting a waiver from the college requesting mandatory COVID-19 vaccine.
2. The request of a waiver may only be made on medical grounds as an individual with a disability or as regarded as having a disability under the Americans with Disabilities Act of 1990 (ADA), as amended by the Americans with Disabilities Act Amendments Act of 2008 (ADAAA).
3. Students not registered with the Office of Disability Services must initiate a request for accommodations online at go.ocean.edu/intake.
4. Students must submit the completed application for exemption form for review through the secure online portal go.ocean.edu/upload (preferred), via email accommodations@ocean.edu or fax 732-864-3860.
5. If approved for exemption from mandatory COVID-19 vaccine, the Office of Disability Services will issue an Accommodation Notification form to the student within 5 business days.
6. Direct all questions or inquiries to accommodations@ocean.edu.

Related Policies

- 1. This form is valid only for request to exemption from COVID-19 vaccine.
2. A waiver, if granted, will be applicable for one academic year. A new waiver request must be submitted for each subsequent academic year (or upon expiration date). Ocean County College may need additional information/request resubmission at any time.

OCC Student ID _____ Date of birth _____

Name _____ Last First MI

Address _____ City _____ State _____ Zip _____

Phone # _____ OCC student email _____

The following must completed by a licensed physician or nurse practitioner familiar with treating the student. This documentation requires the expertise of a physician or other medical professional with experience and expertise in the area for which the accommodation is being requested. This professional must be an impartial individual who is not a family member of the student.

Mandatory COVID-19 vaccine is medically contraindicated until (date) _____

The patient has the following CDC contraindication(s) to mandatory COVID-19 vaccine.

An incomplete or unsigned form will not be processed.

Signature of student _____ Date _____

Signature of parent/guardian if student is under age 18 _____ Date _____

Medical provider's name (print) _____

Medical provider's address _____ City _____ State _____ Zip _____

Medical provider's phone # _____ Medical provider's email _____

State of licensure _____ License # _____

Medical provider's signature _____ Date _____

Office stamp of medical provider (required):

Submit the completed form to the Office of Disability Services using one of the methods below:

Secure upload (preferred): go.ocean.edu/upload

Email: accommodations@ocean.edu

Fax: 732-864-3860

All documentation is kept confidential. Inadequate information, incomplete answers, and/or illegible handwriting will delay the eligibility review process.