



**RIO HONDO COMMUNITY COLLEGE DISTRICT
STUDENT DEFERRAL REQUEST FORM**
Deferral of SARS-CoV-2 (COVID-19) Vaccination Requirement

Full NAME	Student ID #
PHONE NUMBER	EMAIL
Date of Birth	Address

This form should be used by Rio Hondo Community College District ("District") students to request a Deferral of the COVID-19 vaccination requirement in the District's SARS-CoV-2 Vaccination Program during pregnancy.

I am currently pregnant and am requesting a Deferral of the COVID-19 vaccination requirement during my pregnancy. My anticipated due date is: _____ .

While my request is pending, I understand that I must comply with the non- pharmaceutical interventions (e.g., face coverings, social distance) as a condition of my physical presence at any District class or activity. These required non- pharmaceutical interventions are defined by local and state public health, environmental health and safety, occupational health, or infection prevention authorities.

I verify the truth and accuracy of the statements in this request form.

Student Signature: _____ Date: _____

FOR RIO USE		
Date Received: _____	Date Approved: _____	Date Denied: _____
Reviewer Name (Print): _____	Reviewer Signature: _____	