

University of Portland COVID-19 Vaccine Exemption Request Form

Directions: Students requesting medical exemption must personally complete sections 1 and 4, and their health care provider must complete sections 2 and 4. Students requesting non-medical (e.g., religious) exemptions must complete sections 1, 3, and 4, and their health care provider must complete section 4. Students under 18 at the time of signing must obtain a guardian signature for section 4. Completed forms should be uploaded into the [Health and Counseling Center Secure Patient Portal](#) or at <https://www.up.edu/healthcenter>.

Section One: Student Name and Identifying Information

Student Last Name: _____ Student First Name: _____

Student Middle Initial: _____ UP ID # _____ Student Phone: _____

Student Date of Birth: _____

Section Two: Medical Exemption Request (to be completed by medical provider)

Medical Provider Certification: I certify that my patient (named above) should not be vaccinated against COVID-19 because they have one of the following CDC contraindications:

A history of the following:

1. _____ Severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a component of the COVID-19 vaccine
❖ List which vaccine or allergic component: _____
2. _____ Immediate allergic reaction of any severity to a previous dose or known (diagnosed) allergy to a component of the vaccine (see <https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html#AppendixC>) which is defined as any hypersensitivity-related signs or symptoms consistent with urticaria, angioedema, respiratory distress (e.g., wheezing, stridor), or anaphylaxis that occur within four hours following administration.
❖ Please describe specific reaction:

3. _____ Other documented medical contraindication or precaution-- Please Explain:

Information to be reviewed by medical consultants for approval.

Name and credentials of healthcare provider (print): _____

Signature: _____ Phone: _____ Date: _____

Section Three: Non-Medical (e.g., Religious) Exemption Request

Requests for non-medical (e.g., religious) exemption will be provided in appropriate circumstances.

For example, if the strongly-held religious beliefs or practices of a student are contrary to the requirement for COVID-19 immunization, the student will be exempt from the requirement upon submission of the written statement below and compliance with all other requirements of the University's COVID vaccination policy.

Describe below, in sufficient detail, the basis for the requested non-medical exemption. For instance, describe the strongly-held religious beliefs or practices that you believe necessitate an exception to the requirement for COVID-19 immunization.

Section Four: Health Care Provider and Student Attestation

Part A: Health Care Provider Attestation

I have reviewed with this student the benefits and risks of COVID-19 vaccination.

Name and Credentials of Health Care Provider (print): _____

Health Care Provider Signature: _____ Date: _____

Provider contact phone number: _____

Part B: Student Attestation

COVID-19 is a highly contagious respiratory virus that affects people of all ages. This virus can cause long-term medical problems and death regardless of age. This virus spreads through respiratory secretions related to speaking, singing, yelling, coughing, and sneezing. Infected individuals can spread the virus to others. Up to 50% or more of people can be infected without realizing it. The COVID-19 vaccines are very safe and highly effective at preventing death and hospitalization. When large numbers within a population are immunized, viral spread will be significantly limited. Each individual of a community can contribute to this protective approach.

I understand that while University of Portland will take reasonable measures to mitigate the spread of COVID-19 among its students, the University cannot protect any individual student from all risks associated with contracting the virus. I have received information regarding the benefits and risks of immunizations. I understand that choosing to forego vaccination puts me at risk for getting the disease with the associated risk of long-term medical problems or death. In order to minimize risk of viral spread, I understand that I may be required to undergo regular screening tests for COVID-19. I understand that if I contract the disease, I will need to enter isolation for a period of typically ten days, during which time I will not be able to attend in-person classes or activities. I further understand that as an unvaccinated individual, if I am exposed to someone with COVID-19, I will be required to quarantine for 14 days--and if I develop COVID during my quarantine, my time in isolation could be extended by an additional ten days. With a full understanding of this information, I request to be exempted from UP's COVID-19 vaccination requirement, and I accept the potential consequences associated with this decision.

Signature of Student: _____ Date: _____

If under 18, signature of guardian: _____ Date: _____

Upload this completed form to your [UP Health and Counseling Center Secure Patient Portal](https://www.up.edu/healthcenter) or at: <https://www.up.edu/healthcenter>.