

COVID-19 Vaccine Exemption Renewal Form 2022-2023

Instructions:

To receive a vaccine exemption **renewal** for the 2022-2023 academic year, students must have had an approved exemption for the 2021-2022 year. New students or students who did not get an approved exemption in 2021-2022 year must submit a New COVID-19 Vaccine Exemption Request by following the instructions at <https://www.up.edu/pilotsprevent/vaccinations/student-exemption-process.html>.

If you received an exemption for the 2021-2022 academic year but have since been vaccinated for COVID-19, please upload proof of vaccination by following the instructions at <https://www.up.edu/pilotsprevent/vaccinations>.

Section 1: Student Name and Identifying Information

Student Last Name: _____ Student First Name: _____ Middle Initial: _____

UP ID #: _____ Student Date of Birth: _____ Student Phone: _____

Section 2: Type of Exemption for renewal

Medical Non-medical Date approved (2021-2022 academic year): _____

Section 3: Student Attestation

COVID-19 is a highly contagious respiratory virus that affects people of all ages. This virus can cause longterm 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 up to 14 days--and if I develop COVID during my quarantine, my time in isolation could be extended by an additional ten days. Depending on CDC, and Multnomah County guidelines.

With a full understanding of this information, I request for a renewal of my previous exemption 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 at <https://www.up.edu/healthcenter> by following the instructions at <https://www.up.edu/pilotsprevent/vaccinations/student-exemption-process.html>.