



Center for Student Health & Counseling
Portland State University
Phone: 503.725.2800
Fax: 503.725.5812
1880 SW 6th Ave. Portland UCB Suite 200
PO Box 751 Portland, OR 97207



COVID-19 Vaccine Exemption Request Form

Contact Information

Student Name: _____ Date of birth: _____/_____/_____
Month Day Year

PSU ID#: _____ Email: _____

COVID-19 Vaccine Requirement

Portland State University requires all students who learn, work, and engage at PSU locations must submit either (1) an attestation confirming they have been vaccinated against COVID-19; (2) an attestation confirming they will not be taking in person classes, not living in on-campus housing, and not using in person services; or (3) submit an applicable exemption or deferral as described below. This requirement applies to all students enrolled in or registered for in-person instruction for any portion of their course load. It also applies to students who are registered for fully online courses and participate in any on-site or in-person university activity or university-provided or sponsored service.

Medical & Non-Medical Exemptions

Medical Exemption

Acceptable medical exemptions include:

- Serious allergic reactions to one of the vaccine components;
- An underlying medical condition that would put you at risk if you were to receive the COVID-19 vaccine.

Note: All medical exemptions require a physician's signature.

Physician's Certifications: I certify that this individual should be exempted from the COVID-19 vaccine requirements based on the following medical reason: _____

Which constitutes a medical contraindication in accordance with the advisory committee on immunization practices of the U.S. Public Health Services for the COVID-19 vaccine.

Physician's Signature: _____ Date: _____/_____/_____

Physician's Address: _____ Phone: _____ - _____ - _____

Non-Medical Exemption

Under the Oregon State Immunization Law, as of March 1, 2014 those claiming a non-medical exemption are required to complete **one of the following:**

- A. [Educational Module](https://pace.oregonstate.edu/content/covid19/vaccine_ed/content/index.html#/) – Before completing and signing the non-medical exemption section, you will need to fully complete the educational module.
([https://pace.oregonstate.edu/content/covid19/vaccine_ed/content/index.html#/\)](https://pace.oregonstate.edu/content/covid19/vaccine_ed/content/index.html#/)

I am adherent to a religion, the teachings of which are opposite to immunization; or I prescribe to a spiritual or philosophical belief that opposes immunization, and therefore request that I be exempt from the immunization requirement. I have completed the education module advising me about the risk factors involved in not being immunized against certain infectious diseases.

Student's Signature: _____ Date: ____/____/____

- B. Consultation with a health care provider (medical doctor [MD], osteopath [DO], registered nurse working under the direction of an MD or DO; naturopathic doctor, nurse practitioner licenses to prescribe medication, or physician's assistant).

Provider Counseling (to be completed by an approved health provider (see above).

I, _____ (provider printed name), have counseled this student on the risk factors involved in not being immunized against certain infectious diseases.

Provider's Signature: _____ Date: ____/____/____

Provider's Address: _____

Temporary FDA Deferral

Until the Food and Drug Administration has fully approved at least one vaccine, a personal deferral is available. I understand that once one or more of the vaccines receives full approval, the personal deferral will be discontinued, and I will be considered non-compliant until I provide updated requirement information.

Student's Signature: _____ Date: ____/____/____

Submission Details

You may submit the completed form in either of the following way listed below.

Mail: Center for Student Health & Counseling Mail Code: SHAC P.O. Box 751, Portland, OR 97207

Email: Submit a scanned copy to: vaccines@pdx.edu

Fax: 503.725.5812 Fax white paper ONLY

Deliver: Drop off your form to SHAC during business hours. SHAC is located in the University Center Building on the corner of SW 6th Avenue and SW Hall Street. **Address:** 1880 SW 6th Avenue Suite UCB 200

Questions? Submit your questions to vaccines@pdx.edu