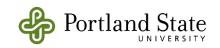


Center for Student Health & Counseling Portland State University Phone: 503.725.2800 Fax: 503.725.5812 1880 SW 6th Ave. Portland UCB Suite 200 PO Box 751 Portland, OR 97207



COVID-19 Vaccine Exemption Request Form

Contact Information	
Student Name:	
PSU ID#:	Email:
COVID-19 Vaccine Requireme	nt
attestation confirming they have been in person classes, not living in on-camp exemption or deferral as described bel instruction for any portion of their cou	udents who learn, work, and engage at PSU locations must submit either (1) an vaccinated against COVID-19; (2) an attestation confirming they will not be taking us housing, and not using in person services; or (3) submit an applicable ow. This requirement applies to all students enrolled in or registered for in-person see load. It also applies to students who are registered for fully online courses con university activity or university-provided or sponsored service.
Tricalcal & Non Wedlear Exem	700113
	s include: ns to one of the vaccine components; 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.
•	that this individual should be exempted from the COVID-19 vaccine requirements son:
Which constitutes a medical contra of the U.S. Public Health Services for	indication in accordance with the advisory committee on immunization practices or the COVID-19 vaccine.
Physician's Signature:	
Physician's Address:	Phone:
☐ Non-Medical Exemption Under the Oregon State Immure required to complete one of the	nization Law, as of March 1, 2014 those claiming a non-medical exemption are efollowing:

	 A. <u>Educational Module</u> – Before completing and signing the non-medical exemption section to fully complete the educational module. 								
		(https://pace.oregonstate.edu	u/content/covid19,	/vaccine_ed	l/conte	nt/index	.html#/)		
		I am adherent to a religion, the spiritual or philosophical belies the immunization requirement factors involved in not being in	of that opposes imr ot. I have complete	munization, d the educa	and the	erefore r odule ad	equest the	at I be exempt	t from
		Student's Signature:			Da	te:	/	/	_
	В.	Consultation with a health car working under the direction o prescribe medication, or phys	f an MD or DO; na	_					
	Provider Counseling (to be completed by an approved health provider (see above). I, (provider printed name), have counseled this student on the involved in not being immunized against certain infectious diseases.								
	Pro	ovider's Signature:		D	ate:	/_	/_		
	Pro	ovider'sAddress:							
Tempor	ary	FDA Deferral							
understan	d tha	and Drug Administration has fu at once one or more of the vacc dered non-compliant until I prov	ines receives full a	pproval, the	e perso	nal defer			, and
Student's :	Signa	ature:		Date:	/				
Submiss	ion	Details							
You may s	ubm	it the completed form in either	of the following w	ay listed be	low.				
Email: Sub	mit	or Student Health & Counseling a scanned copy to: vaccines@po	dx.edu	O. Box 751	, Portla	nd, OR 9	7207		

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