



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



## COVID-19 Vaccine Exemption Request Form

### Contact Information

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Student Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

PSU ID#: \_\_\_\_\_ Email: \_\_\_\_\_

### COVID-19 Vaccine Requirement

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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 or (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 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

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#### 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: \_\_\_\_\_

## **Submission Details**

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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](mailto: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 6<sup>th</sup> Avenue and SW Hall Street. **Address:** 1880 SW 6<sup>th</sup> Avenue Suite UCB 200

**Questions?** Submit your questions to [vaccines@pdx.edu](mailto:vaccines@pdx.edu)