

Linfield University COVID Vaccine Student Exemption Request Form

Directions: All students must complete sections 1 & 4, and their health care provider must complete sections 2 & 4. Students under 18 at the time of signing must obtain a guardian signature for section 4.

Section One: Student Name and Identifying Information

Student last name: _____ Student first name: _____

Student middle initial: _____ ID# _____ Linfield email: _____

Phone: _____ 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:

- 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: _____

- 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#Appendix-C>) 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:

- Other documented medical contraindication or precaution such as a blood clotting disorder or an upcoming surgery for which a surgeon recommends delaying vaccine. - 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 Exemption Request

- Applying for non-medical exemption for students.

Requests for a non-medical exemption will be provided in appropriate circumstances.

Those who are applying for exemption to the vaccine must complete Section four, parts A and B.

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): _____

Signature: _____ Phone: _____ Date: _____

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. Everyone in the community can contribute to this protective approach.

I understand that while Linfield 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, including booster, 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 will be required to continue to wear a mask in accordance with Linfield's policies and to undergo testing for COVID-19, in the event of an outbreak of COVID-19 on campus. I understand that if I contract the disease, 5 days of strict isolation away from other people followed by 5 days of modified isolation with a return to regular activities but a face mask is required. With a full understanding of this information, I request to be exempted from Linfield'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 Linfield etrieve portal

<https://etcentral.linfield.edu>