



COVID-19 Medical Exemption Form

Directions: Complete Section 1 and 3; your Healthcare Provider must complete Section 2. Anyone under 18 at the time of signing must obtain a guardian signature. Completed forms should be uploaded into the student health portal through **TechWeb (students only)** or submitted electronically to the **Office of Human Resources at OITHR@oit.edu (employees only)** .

Section One: Name and Identifying Information

Last name: _____ First name: _____ Middle initial: _____

Oregon Tech ID# 918 _____ Oregon Tech email: _____ @oit.edu

Phone: _____

Section Two: Medical Exemption Request (to be completed by medical provider)*

Medical Provider Certification: I have reviewed the benefits and risks of COVID-19 vaccination with my patient (named above). I certify that my patient 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-- Please explain:

Name and credentials of Healthcare Provider (print): _____

Healthcare Provider Signature _____ Phone: _____

*Oregon Tech reserves the right to verify Medical Provider certification. Date: _____

Section Three: Acknowledgment & Declination

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. Each individual of a community can contribute to this protective approach.

I understand that while Oregon Tech will take reasonable measures to mitigate the spread of COVID-19 on-campus, the University cannot protect any individual 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 testing for COVID-19 should I develop symptoms. 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 come to campus. I further understand that as an unvaccinated individual, if I am exposed to someone with COVID-19, I will be required to quarantine for 14 days (or other time period per CDC guidelines) -- and if I develop COVID-19 during my quarantine, my time in isolation could be extended by an additional ten days.* With a full understanding of this information, I request to decline Oregon Tech's vaccination requirement, and I accept the potential consequences associated with this decision.

Signature: _____

Date: _____

If under 18, signature of guardian: _____

Date: _____

If you have questions about this form, contact the following:

Students – Integrated Student Health Center, 541-885-1800

Employees – Human Resources, 541-885-1074