

Lewis & Clark Employee COVID-19 Vaccine Exemption Request Form

Directions:

Employees requesting **medical** exemption must personally complete sections 1 and 4, and their health care provider must complete section 2, with an option of also signing off in section 4.

Employees requesting religious exemption must complete sections 1, 3, and 4. There is an option for a healthcare provider to sign off in section 4.

Completed forms should be submitted to Human Resources. If you have questions, contact hr@lclark.edu.

Section One: Employee Name and Identifying Information

Employee last name: _____ Employee first name: _____

LC ID# _____ LC email: _____ @ lclark.edu

Phone: _____

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-- Please Explain:

Information to be reviewed by medical consultants for approval.

Name and credentials of healthcare provider (print): _____

Signature _____ Phone: _____

Section Three: Religious Exemption Request

Requests for religious exemption will be provided in appropriate circumstances.

For example, if the bona fide religious beliefs or practices of an employee are contrary to the requirement for COVID-19 immunization, the employee will be exempt from the requirement upon submission of the written statement below and compliance with all other requirements of the College's COVID vaccination policy.

Describe below, in sufficient detail, the basis for the requested religious exemption. For instance, describe the bona fide religious beliefs or practices that you believe necessitate an exception to the requirement for COVID-19 immunization.

Section Four: Health Care Provider and/or Employee Attestation

Part A: Attestation of COVID Education Either meet with a healthcare provider to review benefits and risks of COVID vaccination, OR view the online educational module listed below. Then you or your healthcare provider will need to complete the information below under either Option One or Option Two.

Option One: Health Care Provider Attestation

I have reviewed with this individual the benefits and risks of COVID-19 vaccination.

Name and Credentials of Health Care Provider (print): _____

Health Care Provider Signature: _____ Date: _____

Provider contact phone number: _____

Option Two: Online Educational Module available at

https://pace.oregonstate.edu/content/covid19/vaccine_ed/content/index.html

I attest that I have viewed the COVID-19 vaccine educational program at the website above in its entirety.

Employee signature: _____ Date: _____

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

I understand that while Lewis & Clark will take reasonable measures to mitigate the spread of COVID-19 among its faculty, staff and students, the College 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 regular screening tests for COVID-19. 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 attend in-person classes or activities. 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--and if I develop COVID 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 be exempted from Lewis & Clark's COVID-19 vaccination requirement, and I accept the potential consequences associated with this decision.

Signature of Employee: _____ Date: _____

Submit completed form to Human Resources. If you have questions, contact hr@lclark.edu.