Name:

Department:

NUNM Email: Phone:

The [Oregon Healthcare Vaccine Mandate](https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=280799) requires that all healthcare workers be vaccinated for COVID-19 or have an approved medical/religious exemption. This mandate includes students, staff, and faculty, including those who do not directly work with patients but may enter a clinical setting.

A medical or religious exemption may be granted if (i) the individual holds sincere religious beliefs which are contrary to the practice of vaccination OR has a medical diagnosis that prevents them from receiving the COVID-19 vaccination, (ii) completes this form, and (iii) provides the required documentation to support the exemption request. NUNM is committed to providing a safe, inclusive, and supportive experience for all and recognizes true and genuine observance of faith as it pertains to the practice of immunization. NUNM also recognizes that some medical diagnosis and/or prior allergic reactions to the COVID-19 vaccination will prevent persons from becoming vaccinated.

Medical and religious exemptions must be requested annually. If approved, the exemption will remain in effect for the duration of the current academic year. Individuals with approved exemptions may request to recertify exemptions each year. The assigned expiration is at the sole determination of NUNM.

**Individuals with an approved exemption will be required to comply with COVID-19 testing and other preventive requirements as specified in the exemption approval and as may be updated by later notification and/or posting of requirements on the NUNM website. In the event of an outbreak on or near campus, individuals holding exemptions may be excluded from all campus facilities and activities, for their protection, until the outbreak is declared to be over.**

The NUNM COVID-19 Exemption Review Committee will carefully review all requests. After your request has been reviewed and processed, you will be notified in writing of the exemption approval or denial. Approval is not guaranteed. The decisions of the committee are final and not subject to appeal. Individuals are permitted to reapply if new documentation and/or information becomes available.

In order to submit a request, please:

* **Read the** [FAQs about COVID-19 Vaccination | CDC](https://www.cdc.gov/coronavirus/2019-ncov/vaccines/faq.html)
* **Complete and sign the following page of this form**
* **Complete the OHA Medical or Religious exemption form** [Oregon Health Authority : COVID-19 Healthcare Partner Resources : COVID-19 Response : State of Oregon](https://www.oregon.gov/oha/covid19/Pages/Healthcare-Partners.aspx)
* **Submit completed documents to** **covid@nunm.edu** **by 10/8/21**

*Incomplete submissions will not be reviewed. Be sure all forms and documentation are submitted at one time.*

**Initial next to each statement below:**

|  |  |
| --- | --- |
|  | \_\_\_\_\_\_\_\_I request exemption from the COVID-19 immunization requirement due to a medical condition/diagnosis that prevents me from receiving the COVID-19 vaccination due to my own medical safety. **OR**\_\_\_\_\_\_\_\_I request exemption from the COVID-19 immunization requirement due to my sincere religious beliefs. I understand and assume the risks of non-vaccination. I accept full responsibility for my health, thus removing liability from NUNM with respect to the required vaccinations. |
|  | I understand that as I am not vaccinated, in order to protect my own health and the health of the community, I will comply with assigned COVID-19 testing requirements andother preventive guidance. |
|  | I understand that, in the event of an outbreak or threatened outbreak, I may be temporarily excluded or reassigned from NUNM’s facilities and approved activities. I agree to comply with these restrictions and accept responsibility for communicating with faculty and advisors as appropriate to allow compliance with health and safety requirements for unvaccinated individuals. I further understand that restrictions from NUNM facilities, including but not limited to classes and clinic, do not entitle me to any reduction in tuition or other NUNM fees. |
|  | Should I contract COVID-19, I will **immediately** report it to NUNM using the COVID reporting form found on the NUNM COVID page ([Coronavirus (COVID-19) Information - National University of Natural Medicine (nunm.edu)](https://nunm.edu/coronavirus/) and comply with all isolation and quarantine procedures specified by the university.  |
|  | I acknowledge that I have read the [Frequently Asked Questions about COVID-19 Vaccination | CDC](https://www.cdc.gov/coronavirus/2019-ncov/vaccines/faq.html)  |
|  | I have reviewed the NUNM COVID page [Coronavirus (COVID-19) Information - National University of Natural Medicine (nunm.edu)](https://nunm.edu/coronavirus/), and I understand and agree to comply with and abide by all NUNM COVID-19 policies and procedures.  |
|  | I understand that, if approved, this exemption is only valid for the current academic year, and I am required to resubmit a new request for any subsequent academic year(s). |
|  | I certify that the information I have provided in connection with this request is accurate and complete. I understand this exception may be revoked and I may be subject to the university’s disciplinary action if any of the information I provided in support of this exemption is false. |

Printed Name: Signature: Date:

NUNM Email: Phone Number:

* By checking this box and typing my name above, I understand and agree that I am submitting this document electronically and that it is the legal equivalent of having placed my handwritten signature on the submitted document.