



COVID-19 IMMUNIZATION VERIFICATION

All information disclosed on this form will be kept confidential and will be shared with appropriate university personnel on a need-to-know basis only.

Eastern Oregon University | Student Health Center (SHC)
One University Blvd., La Grande, Oregon 97850
Phone: 541-962-3524 Fax: 541-962-3825

Last name: _____ First: _____ Date of birth: _____
Student ID#: 910 _____ Country of Birth: _____
Mailing address (home): _____ City: _____ State: _____
Zip: _____ Email: _____ Phone: _____

_____ I am **VACCINATED** for COVID-19

Acceptable*: Moderna, Pfizer, or Janssen

Brand of vaccine: _____ Date of 1st dose: ___/___/___ Date of 2nd dose: ___/___/___ or NA

**International students, please contact the SHC to get approval for the vaccine approved in your home country.*

ATTACH DOCUMENTATION – Documentation of vaccination is required. Accepted documentation (copies are acceptable) must be attached:

- Doctor's office or medical clinic records, or
- Public Health Department records, or
- Personal immunization card which is signed by clinic staff

If the information regarding COVID vaccinations is incomplete or insufficient, a hold will be placed on future terms of registration.

EXEMPTIONS for COVID-19 vaccine

_____ **OFF-CAMPUS LEARNER EXEMPTION:** I am a distance learner, enrolled **ONLY** in online courses and will not be using on-campus services or attending programs/events, therefore I am exempt.

_____ **MEDICAL Exemption Request (to be completed by medical provider).** *Information to be reviewed by SHC staff.*

ATTACH DOCUMENTATION – Documentation from your primary medical care provider is required. **Must be attached.**

Your medical provider needs to provide a certification of contraindication that certifies that you should not be vaccinated against COVID-19 because you have one of the following contraindications:

1. Documented anaphylactic allergic reaction or other severe adverse reaction to any COVID-19 vaccine – e.g., cardiovascular changes, respiratory distress, or history of treatment with epinephrine or other emergency medical attention to control symptoms. Generally, does not include gastro-intestinal symptoms as the sole presentation of allergy (describe the specific reaction).
2. Documented allergy to a component of the vaccine – does not include sore arm, local reaction or subsequent respiratory tract infection (describe the specific reaction).
3. Other documented contraindication (describe the specific condition/reaction).

_____ **NON-MEDICAL Exemption Request (to be completed by student)**

To request a non-medical exemption, you must do the following:

1. Provide a statement below.
2. Meet with an EOU SHC medical professional (*if you are an athlete you will also need to meet with an athletic trainer*).

Student statement: Please explain in detail the reason for your request for a COVID-19 vaccine requirement exemption.

IMPORTANT: In addition to your written statement, you must meet with an EOU Student Health Center medical professional for an informational meeting. These meetings will be available via phone or zoom if needed. To schedule a meeting, please contact the SHC at (541) 962-3524 or email shc@eou.edu. *If you are an athlete you will also need to schedule an appointment with an athletic trainer.*

*****Signature is required.*****
(Student or guardian if under 18)

Name (print): _____ Signature: _____

Date: _____

Note: Students must be fully vaccinated or have an approved exemption on file within 60 days of full FDA approval of any COVID-19 vaccine.

This form must be on file with the EOU Student Health Center. Please complete and return to EOU Student Health Center (shc@eou.edu). Visit our website at www.eou.edu/health for services provided by EOU Student Health Center. For questions, please call 541-962-3524.

