

## Employee COVID-19 Vaccination Verification/Exemption Form

In order to protect the health and safety of our community, Western Oregon University requires all students and employees to be vaccinated against COVID-19. To report your vaccination status or if you would like to request an exemption from this vaccine requirement, please complete this form and return it to Human Resources via the [Human Resources Form Submission Portal Channel](#).

### Section 1: Employee Name and Identifying Information

|                     |                         |
|---------------------|-------------------------|
| Employee Name       | University ID           |
|                     |                         |
| Department/Division | Employee Classification |
|                     |                         |
| Supervisor Name     |                         |
|                     |                         |

### Section 2: Vaccination Status (Only if Reporting Vaccination Status)

|   |
|---|
| Please attach a copy of your vaccination record to this form. |
| I have attached a copy of my vaccination record to this form. |

### Section 3: Exemption Status (Only If Requesting an Exemption)

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|--|
| <b>Medical Exemption</b>   |
| I attest that:<br>I require a medical exemption due to _____<br>_____.<br>I have viewed the educational video.   |
| <b>Non-Medical Exemption</b>   |
| I require a non-medical exemption due to _____<br>_____.<br>I have viewed the educational video.   |
| Note: I understand that if I claim a non-medical exemption due to emergency use authorization (EUA) status of the COVID-19 vaccine(s), I will need to submit a new form at the time the EUA expires. |

### Section 4: Signature

|   |      |
|---|------|
| <ul style="list-style-type: none"> <li>I understand that claiming a vaccination exemption may require I adhere to additional public health and safety requirements in the workplace (ex. wearing a face covering).</li> <li>I attest that the statements above are true and complete. I understand that if I falsify this information I may be subject to discipline leading to and including termination.</li> </ul> |      |
| Employee Signature  | Date |
|   |      |