

COVID-19 VACCINATION EXEMPTION REQUEST

STUDENT NAME: _____

STUDENT DOB/ID #: _____

SECTION 1: ASSUMPTION OF RISK

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 droplets and up to 50% or more of people can be infected without realizing it. Prevention strategies include wearing a mask and physically distancing when around others. However, these strategies affect what is accepted as “normal life” and are a challenge to adhere to and therefore frequently ignored.

According to the scientific data, COVID-19 vaccines are safe and highly effective at preventing severe illness, hospitalization, and death. When large numbers within a population are immunized, viral spread will be significantly limited. Each individual of a community contributes to this protective approach. Choosing to forego vaccination puts one at risk for getting the disease along with the associated risk of long-term medical problems or death. Individuals who elect not to be vaccinated against COVID-19 may put others they interact with at risk.

Due to this risk to others, Pittsburgh Technical College (hereinafter “PTC”) reserves the right to require one to isolate or quarantine off campus should they develop or are exposed to COVID-19. By choosing not to be vaccinated, you run a greater risk of becoming ill with COVID-19 and will be required to isolate per CDC and PTC guidelines if you become infected. Those not vaccinated against COVID-19 and exposed to someone with the disease will be required to quarantine for up to 14 days. Isolation and quarantine may be required to be completed off campus. To minimize risk of viral spread, unvaccinated individuals may be required to undergo regular screening tests for COVID-19 as much as weekly.

PTC will review all medical and religious exemption requests per policy and may take up to 14 days to reach a determination and inform the student.

I have read and reviewed the information provided above concerning the risks and benefits of the COVID-19 vaccine. For personal reasons, I have chosen NOT to be vaccinated and therefore accept the potential consequences associated with this decision. This includes but is not limited to the responsibility to isolate or quarantine off campus if required by PTC and to undergo regular screening for COVID-19. THIS WAIVER IS GOOD FOR ONE YEAR FROM THE DATE IT IS SIGNED.

Signature: _____ **Date:** _____

Student or guardian if under 18

Section II: Medical Exemption Request *(to be completed by medical provider on physician letterhead)*

Medical Exemption: See the CDC guidance regarding contraindications for COVID-19 vaccines.

Medical Provider Certification of Contraindication: I certify that my patient (named above) should not be vaccinated against COVID-19 because they have one of the following contraindications:

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:**

Documented allergy to a component of the vaccine – does not include sore arm, local reaction, or subsequent respiratory tract infection. **Describe the specific reaction:**

Other documented contraindication. **Please Explain:**

Signature of Healthcare Provider:

Name (print):

Address/Phone or Clinic Stamp:

Section III: Religious Beliefs Exemption Request *(to be completed by student or guardian if under 18)*

Requests for exemption based on religious beliefs: if the bona fide religious beliefs of a student (or the parent, guardian if under age 18) are contrary to the immunization requirement for a COVID-19 vaccine, the student may be exempt of the requirement upon submission of a written statement below of the bona fide religious beliefs and opposition to the immunization requirement, or on the basis of strong moral or ethical conviction similar to religious belief. PTC will review the request and may ask for additional information before a determination is made. (attach additional pages if needed)

Signature: _____ **Date:** _____

Student or guardian if under 18