



## COVID-19 Non-Medical Exemption Form

Directions: Complete all sections. Anyone under 18 at the time of signing must obtain a guardian signature. 7 K H  
Completed form should be uploaded into the student health portal through TechWeb 0 \ + H D O W K 0 \ + H D O W K 3 F  
(students only) or submitted electronically to the Office of Human Resources at  
[OITHR@oit.edu](mailto:OITHR@oit.edu) (employees only) .

### Section One: Name and Identifying Information

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle initial: \_\_\_\_\_

Oregon Tech

Section Three: § F N Q R Z O H G J P H Q W & Declination

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 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 Oregon Tech will take reasonable measures to mitigate the spread of COVID-19 on-campus, the University cannot protect any individual from all risks associated with contracting the virus. I have received information regarding the benefits and risks of immunizations through the educational video. 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 testing for COVID-19 should I develop symptoms. 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 come to campus. 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 (or other time period per CDC guidelines) -- and if I develop COVID-19 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 decline Oregon Tech's Vaccination Requirement, and I accept the potential consequences associated with this decision.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If under 18, signature of guardian: \_\_\_\_\_ Date: \_\_\_\_\_

If you have questions about this form, contact the following:

Students – Integrated Student Health Center, 541-885-1800

Employees – Human Resources, 541-885-1074