OHSU School of Nursing
Immunization & Certification Exemption Request Form

Immunization and Certification Exemption Form
All OHSU School of Nursing Students are required to maintain updated immunizations and trainings while they are attending the OHSU School of Nursing. In rare instances students may need to have an exemption made for a specific requirement. In this situation, the designated Program Director or Associate Dean will need to review the identified requirement with the student and approve the exemption. Students seeking an exemption to a specific immunization or certification requirement should complete this form and obtain the appropriate signatures.

I, _______________________, am requesting an exemption for the following requirement(s) or reason(s) identified below. If approved I understand that I will need to maintain all other requirements as identified in the Student Compliance and Drug Screening policy 50-01.15 and the OHSU Student Health Service pre-entry guidelines policy 02-01.001.

Immunization/Certification requirement: __________________________________________

Rationale for Exemption Request: __________________________________________

Students Signature: ____________________________ Student ID Number:__________________________
Student E-mail:_____________________________ Student Phone: ____________________________

Program Director or Associate Dean:

I, _______________________, have reviewed this students immunization and clinical passport and have verified that they will not be in a clinical placement that requires this item within the identified exemption period. I approve of this exception for the above listed item which will be in effect from date(s) ________ to ________.

Program Director or Associate Dean Signature: ____________________________ Date: ________

Return this form with a copy of the students clinical passport to
OHSU SON Admissions Office SN-ADM
3455 SW US Veterans Hospital Rd. Portland, OR. 97239
proginfo@ohsu.edu or 503-494-7725