



## 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 get 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: \_\_\_\_\_

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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](mailto:proginfo@ohsu.edu) or 503-494-7725