



OHSU Vaccine Medical Exemption Provider Form

I am requesting an exemption from one or more of OHSU's vaccination requirements on the basis of a diagnosed physical or mental condition that limits my ability to receive vaccination, as certified by my medical provider below.

Please note that due to Oregon regulations (OAR rulings 409-030-0100 through 409-030-0250), students in clinical programs that receive an approved medical exemption may not be able to progress to completion of their program due to limitations in OHSU's ability to accommodate clinical placements. This may delay or prevent progression to graduation.

Exemption request is for the vaccination(s).

Individual's name:

DOB:

Phone number:

Program:

Signature:

Statement from a Licensed Independent Practitioner

Your patient, named above, has requested an exemption to a vaccination requirement due to a medical condition. Please provide the information below.

This statement must be signed by a licensed independent practitioner; an individual permitted by Oregon law to independently provide care and services, without direction or supervision, and vaccine precautions or contraindications are within scope of the individual's license.

Please check an option below and complete related questions:

Please consult the CDC's reference on valid contraindications and precautions to an immunization as determined by the Advisory Committee on Immunization Practices:

<https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html>

The patient should not receive the
vaccination due to a valid medical precaution or contraindication.

What is the medical condition that prevents them from receiving the vaccination?

Is the medical condition permanent?	Yes	No
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Is the medical condition temporary?	Yes	No
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If yes, what is the expected duration?

Please describe how this medical condition impacts their ability to receive the vaccination:

Printed name of medical provider:

Work address:

Work telephone number:

Signature of medical provider:

Date: