



Student # \_\_\_\_\_

# COVID-19 Vaccination Waiver Request Form

**Student Information – Please print or type clearly**

**Name:** \_\_\_\_\_ **Student Number:** \_\_\_\_\_

**Current Mailing Address:** \_\_\_\_\_  
 Address City State Zip code

**Current Email Address:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Current Phone:** ( ) \_\_\_\_\_

**In support of this request, please answer the following questions:**

1. State the reason for your request (medical, religious or personal):
2. Explain, in detail, why you are unwilling to get a COVID-19 vaccination at this time:

**Acknowledgment of Risk**

- I understand that receiving a COVID-19 vaccine is a condition of enrolling at Western Washington University. I have reviewed information about the COVID-19 vaccine. I have been given an opportunity to ask questions about the vaccine and the policies concerning it. I understand that, by declining this vaccine, I continue to be at risk of acquiring COVID-19, a serious disease and spreading it to others.
- I understand that the consequences of my refusal to be vaccinated could be life threatening for me and the health of other people with whom I have contact, including other students, staff, faculty and my family and friends.
- I understand that I am solely responsible for arranging my healthcare and paying for its expenses if I get COVID-19.
- I understand that, if I get COVID-19, or come in direct contact with someone who tested positive for COVID-19, I will be required to isolate or quarantine away from others and will be prohibited from attending in-person classes, campus activities or work for a minimum of 10-14 days.
- I understand that, in the event of a campus wide COVID-19 outbreak, I will be prohibited from having an on-campus presence including attending in person classes, campus activities or work until control of the outbreak has been announced.
- I understand that there may be specific programmatic or course requirements to have all participants vaccinated because the risk of contracting COVID-19 to the participants simply cannot be mitigated without jeopardizing the essential qualities of the program or course. This may impact my opportunity to directly participate in these activities.
- I understand that, if I have any on-campus presence, I will be required to undergo **weekly** COVID testing through the Student Health Center.

**Reporting Requirement:** I understand that, if I get COVID-19, I must report it immediately to the Student Health Center and discontinue attending in-person classes, campus activities and work.

**Signature:** By signing this waiver, I verify that I am declining the required COVID-19 vaccination by Western Washington University for medical, religious or personal reasons and understand the risks and benefits of vaccination. I have completed Western's COVID education course and have attached my certificate of course completion. I also confirm that I will follow all university COVID guidance, mitigation, and safety protocols.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Health Care Provider Documentation (required for medical request):**

*I certify that this student has legitimate medical reasons to decline the COVID-19 vaccine (state reason):*

\_\_\_\_\_

\_\_\_\_\_  
**Health Care Provider's Signature/Title/Date**

\_\_\_\_\_  
**Print Provider Name and Clinic Address**

**Where do I send my COVID Waiver documentation?**

Send your waiver documentation via your patient portal at <https://studenthealth.wvu.edu/mywesternhealth>. If you experience difficulties using MyWesternHealth, please call the Student Health Center at (360) 650-3883 or email [Student.Health@wvu.edu](mailto:Student.Health@wvu.edu).