



OREGON SCHOOL *of* MASSAGE

COVID-19 MEDICAL EXEMPTION FORM

Student Section

Effective immediately, Oregon School of Massage will be implementing a new policy requiring **all staff, faculty, and students to be vaccinated against COVID-19 before returning for in-person Fall classes.** Please fill out and return this form with appropriate documentation by August 6, 2021 to attend Fall classes. We appreciate your willingness to help keep OSM a safe learning environment for all.

I submit that I have filled out the Student Section of this form; that my health care provider has filled out the Provider Section and attached necessary documentation of my medical condition; and that I will abide by all COVID-19 policies required by Oregon School of Massage and the Oregon Health Authority.

Printed Name / Date

Signature

Health Care Provider Name

Student Section

Please initial next to each of the following statements:

	I request exemption from the COVID-19 immunization requirements due to my current medical condition. I understand and assume the risks of non-immunization. I accept full responsibility for my health, thus removing liability from Oregon School of Massage (OSM) to the required immunization.
	I understand that as I am not vaccinated, in order to protect my own health and the health of the community, I will comply with assigned COVID-19 testing requirements and other preventive guidance.
	I understand that in the event of an outbreak or threatened outbreak, I may be temporarily excluded from school facilities and approved activities. I agree to comply with these restrictions and accept responsibility for communicating with faculty, staff, and others as appropriate.
	Should I contract COVID-19, I will immediately report it to OSM (email to tb@oregonschoolofmassage.com) and comply with all isolation and quarantine procedures specified by OSM.
	I acknowledge that I have viewed the OHA Vaccine Education Module .
	I understand that this exemption will expire when the medical condition(s) contraindicating immunization changes in a manner which permits immunization, as determined by OSM in reviewing the request
	I understand and agree to comply with and abide by all OSM policies and procedures.
	I understand that this exception is only valid for the approved period and I may need to submit a new request for any subsequent changes, new medical contraindications, or on expiration of an approved exemption.
	I certify that the information I have provided in connection with this request is accurate and complete. I understand this exception may be revoked, and I may be subject to disciplinary action, if any of the information I provided in support of this exemption is false.
	I certify that I will maintain safe practices when performing massage or bodywork on peers, clients, and members of the public per OSM standards.

Printed Name / Date

Provider Section

Attention Health Care Provider:

Beginning July 1, 2020, Oregon School of Massage (OSM) requires that all students, faculty, and staff receive a COVID-19 vaccination. _____ (insert patient's name) is requesting a medical exemption from this vaccination requirement. Please certify below the medical reason that your patient should not be immunized for COVID-19 by completing this form and attaching available supporting documentation. Information provided on this form will remain confidential per FERPA/HIPPA.

	Allergy to Pfizer, Moderna, Johnson & Johnson, and/or AstraZeneca Vaccine
	Physical Condition/Medical Circumstance
	Other

Please explain the condition:

I certify that _____ (patient name) has the above contraindication and support the request for a medical exemption from the COVID-19 vaccine requirement at OSM

Provider Signature

Provider Speciality/License Number