



OREGON SCHOOL *of* MASSAGE

COVID-19 RELIGIOUS EXEMPTION FORM

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 by August 6, 2021 to attend Fall classes.

OSM is respectful of all religious faiths and backgrounds, and warmly welcomes all students to attend. This form is not intended to dissuade students from practicing or worshipping in the way that feels right for them. It is, instead, a preventative measure taking public health into account. We appreciate your willingness to help keep OSM a safe learning environment for all.

I submit that I have filled out this form 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

Please initial next to each of the following statements:

	I request exemption from the COVID-19 immunization requirements due to my religious affiliation and/or beliefs. 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 does not apply to others areas of OSM enrollment or matriculation (i.e. exemption from assignments, coursework).
	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 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