



NOTICE OF VACCINATION REGISTRATION REQUIREMENT

Dear Central Washington University student:

CWU is committed to the health and safety of all members of our campus community. Vaccines can prevent outbreaks of disease and save lives. The U.S. Centers for Disease Control and Prevention, Washington State Department of Health, and Central Washington University all strongly support vaccination as one of the easiest and most effective tools in preventing diseases that can cause serious illness and death, including COVID-19. For nearly all people, the benefits of preventing disease with a vaccine far outweigh the risks. When a critical portion of a community is immunized against a contagious disease, most members of the community are protected against that disease. Even those who are not eligible for certain vaccines get some protection because the spread of the contagious disease is contained.

To be compliant with the university's vaccination expectation of our community members, students must provide documentation of being fully vaccinated for COVID-19; Measles, Mumps, Rubella (MMR); and Meningococcal ACWY; or have an exemption on file. In the event a student is seeking an exemption to the vaccination requirement, allowed for documented medical conditions, and/or sincerely held religious beliefs, an exemption form must be completed and submitted through CWU's protocols. For those students who have an approved exemption on file, they may be subject to different campus protocols if an outbreak occurs. Students can download the exemption form at cwu.edu/health-services. The form requires verification from your current health care provider for medical waiver requests.

Where do I send my documentation?

Go to cwu.edu/health-services/immunizations-exemptions-and-noncompliance

Where can I get vaccinated?

The CWU Student Health Services provides vaccinations. You can also locate COVID vaccine clinics on Vaccine Finder at vaccines.gov/search.

What is considered valid proof of COVID-19 vaccination?

For examples of what are considered verified proof of COVID-19 vaccination in Washington state, go to coronavirus.wa.gov/sites/default/files/2021-05/848-810-COVID-19ProofGuide.pdf

What if I have additional questions?

Please visit cwu.edu/health-services. You can also contact Student Health Services at 509-963-1881.

REQUESTING AN EXEMPTION? COMPLETE THE VACCINATION EXEMPTION REQUEST FORM

VACCINATION EXEMPTION REQUEST FORM

Student Information – Please print clearly				
Name: _____		Student Number: _____		
Mailing Address: _____				
Address	City	State	Zip code	
Email Address: _____				
Date of Birth: _____		Phone: (_____) _____		

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

1. Which vaccination(s) are you requesting exemption from, and what type of exemption?

DISEASE	MEDICAL EXEMPT	RELIGIOUS EXEMPT
COVID-19	<input type="checkbox"/>	<input type="checkbox"/>
Measles, Mumps, Rubella (MMR)	<input type="checkbox"/>	<input type="checkbox"/>
Meningococcal ACWY	<input type="checkbox"/>	<input type="checkbox"/>

2. Explain, in detail, why you are seeking an exemption:

ACKNOWLEDGMENT OF RISK

- I understand that receiving a COVID-19; Measles, Mumps, Rubella (MMR); and/or Meningococcal ACWY vaccination is a condition of enrolling at Central Washington University. I have reviewed information about these vaccines. I have been given an opportunity to ask questions about the vaccines. I understand that, while I am unvaccinated, I continue to be at higher risk of acquiring these communicable diseases, which are serious diseases, and there is a greater likelihood of spreading it to others.
- I understand that the consequences of not being vaccinated could be life-threatening for me and 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 health care and paying for its expenses if I contract one of these communicable diseases.
- 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 14 days.
- I understand that, in the event of a campus-wide infectious disease outbreak for which I have an exemption, I may be subject to different campus protocols to protect the health of myself and others.

Reporting Requirement: I understand that if I get COVID-19; Measles, Mumps, Rubella (MMR); and/or Meningococcal ACWY I must report it immediately to Student Health Services and discontinue attending in-person classes, campus activities, and work, and subscribe to CWU campus and Kittitas County Public Health quarantine protocols.

Signature: By signing this exemption, I verify that I am declining the required vaccination(s) by Central Washington University for documented medical conditions, and/or sincerely held religious beliefs and understand the risks and benefits of vaccination. I also confirm that I will follow all university COVID guidance, mitigation, and safety protocols. **Parents/guardians only sign if the student is under 18 years of age.**

X _____
Student Name (print)
Student Signature
Date

X _____
Parent/Guardian Name (print)
Parent/Guardian Signature
Date

Health Care Provider Documentation (required for medical request):

I certify that this student has legitimate medical reasons to decline the _____ vaccine (state reason):

Health Care Provider's Signature/Title/Date _____ Print Provider Name and Clinic Address _____
 MD ND DO ARNP PA License # _____

Where do I send my documentation? Go to cwu.edu/health-services/immunizations-exemptions-and-noncompliance