

Pacific Lutheran University COVID-19 Booster Exemption Request Form

Booster Exemption Attestation (to be completed by the student, or parent/guardian if student is under 18)

I attest

- that I have sufficient reasons for declining the COVID booster dose;
- that I am fully vaccinated with a complete series of the primary COVID vaccine;
- that I understand the implications associated with declining to receive the booster and I agree that I will
 - Follow the CDC, Washington State and [Tacoma Pierce County Health Department recommendations](#) to quarantine for 5 days if exposed to a positive case (During quarantine a student will NOT be able to attend ANY in-person activities, including but not limited to classes, work, sports or clubs.);
 - Get tested for COVID 5 days after my last contact with the positive case; and
 - Continue to wear a mask for an additional 5 days whenever I am near people.

I understand that it is expected that I complete a weekly proactive COVID test and that testing is [available on campus](#).

Once completed, please submit this form to the PLU Health Center through the Etrieve [Student Portal](#) website. Phone consultations are not required. This request will not result in a hold on your Banner account.

Name _____ ID _____ DOB _____

Email _____

Student signature _____ Date _____