



PLU COVID-19 Vaccination Policy for Faculty and Staff *Revised September 2021*

On August 20, Washington's governor signed into law Proclamation [21-14.1](#). Employees have three options: receive a COVID-19 vaccination and complete the [vaccination self-attestation](#) once fully vaccinated, submit a medical exemption, or submit a religious exemption. The right of conscience exemption is no longer valid for higher education employees.

You can find COVID-19 vaccine appointments in Washington State [here](#).

Exemptions

Faculty and staff with documented medical or religious exemptions will be accommodated and not required to receive the vaccine. Medical exemptions are based on CDC contraindications for the vaccine and must be discussed with and signed off by a healthcare provider. Exemption forms may be found on the Human Resources [Documents and Forms](#) webpage.

Given unknown vaccine requirements of foreign jurisdictions, exemptions may preclude participation in international Study Away programs.

Questions concerning exemptions should be directed to Human Resources.

Exempt and partially vaccinated employees

Employees that are exempt and those employees waiting to complete their vaccine series must comply with additional mitigation protocols, including:

- Weekly testing
- Wearing a mask in most indoor and some outdoor settings
- Following the CDC and Washington State recommendations to quarantine if exposed to a positive case
- Quarantining and testing prior to and upon return from travel out of state

The university will continue to review CDC and Washington State guidance to inform policy and procedures.

Employees with COVID-19-like symptoms

Any employee who develops illness symptoms consistent with COVID-19, regardless of vaccination status should contact their healthcare provider for evaluation and possible COVID-19 testing.

Please visit our [COVID-19 Vaccine FAQs](#) for further information.



**COVID-19 Vaccine Exemption Request Form
Medical Exemption**

See the [CDC guidance](#) for contraindications to the COVID-19 vaccine.

Section 1

[] I have read and understand the PLU COVID vaccine policy (*initials required*)

Name _____ PLU ID _____

Signature _____ Date _____

Section 2 (to be completed by a healthcare provider)

Medical Provider Certification of Contraindication:

I certify that my patient (named above) should not receive a COVID-19 vaccine because of one of the following contraindications:

[] Documented anaphylactic allergic reaction or other severe reaction to any COVID-19 vaccine — e.g., cardiovascular changes, respiratory distress, or history of treatment with epinephrine or other emergency medical attention to control symptoms. Generally does not include GI symptoms as the sole presentation of allergy. Describe the specific reaction:

[] Documented allergic reaction to a component of the vaccine — does not include sore arm, local reaction, or subsequent respiratory infection. Describe the specific reaction:

[] Other documented contraindication — please explain (information to be reviewed for approval):

Signature of Healthcare Provider _____

Name (print) _____ Date _____

Phone _____ Address _____

Send completed form to PLU Human Resources.

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