



Name: _____ DOB: _____

College/Department: _____ WesternU ID#: @ _____

WesternU Mandatory COVID-19 Vaccine Policy

WesternU requires all faculty, staff, trainees, residents, and students who are Working and Learning on-site at the University or affiliated facilities to be fully vaccinated against COVID-19 vaccine. Individuals can request a pregnancy deferral from this requirement if they are currently pregnant.

In order to qualify this deferral please indicate your anticipated due date: _____

If approved, this deferral is valid until you return to work or instruction, as applicable. If you no longer need a Deferral at that time, you must become Fully Vaccinated and submit proof of vaccination within eight (8) weeks of your return.

Individual Certification: By signing this Pregnancy Deferral, I attest that I am requesting a deferral to receive a COVID-19 vaccination because I am currently pregnant. I verify that the above information is complete and accurate to the best of my knowledge, and I understand that any intentional misrepresentation contained in this request may result in disciplinary action. I consent to allow WesternU representatives to contact my health care professional(s) regarding my condition, only as it relates to my ability to receive the above vaccine. I understand that WesternU reserves the right to deny my Pregnancy Deferral Request should it determine that based on the information provided or received, adequate evidence has not been provided to establish that an exception is warranted. I acknowledge that declining the COVID-19 vaccination could result in additional safety precautions while on-campus, including but not limited to personal protection equipment and testing.

Signature: _____ Date: _____

For use by WesternU Student-Employee Health Office (SEHO) only:

Date Received: _____

Received by (staff name) : _____

Signature: _____

Approved: Yes No

Date Approved: _____

Date Denied: _____

Approval/Denial By (Print Name):
