



COVID-19 Non-Medical Exemption Form

Colorado Law C.R.S. § 25-4-902 requires all students attending school in the State of Colorado to be vaccinated against certain vaccine-preventable diseases (i.e. Measles, Mumps, Rubella) as established by Colorado Board of Health Rule 6 CCR 1009-2, unless an exemption is filled. While the Board of Health does not currently require vaccination against COVID-19, Otero College requires that students to be vaccinated against COVID-19, or receive an exemption, to access in-person learning and support services, live in the residence halls, participate on college athletic teams, or to participated in designated health sciences programs

**These requirements are subject to change based upon available and emerging epidemiological evidence and the overall burden of disease related to COVID-19 transmission on our campus and in our region.*

Student Information

Last name:	First name:	Middle name:
Date of Birth (mm/dd/yy):		

Parent/Guardian completing this form (Only if student is under 18 years old):

Last name:	First name:	Middle name:
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Relationship to Student: Mother Father Legal Guardian

Vaccine Required (All Students)

Check vaccine declined:	List medical contraindication(s) for each vaccine declined:
<input type="checkbox"/> SARS0CoV-2 (COVID-19)	

Statement of Exemption: I am the student or parent/guardian (if student is under 18 years of age) of the above-named student and am declining the vaccine indicated above due to a religious belief whose teachings are opposed to immunization or a personal belief that is opposed to immunization with the COVID-19 vaccine. The information I have provided on this form is complete and accurate, and I acknowledge and understand the following:

- I may change my mind at any time and accept the vaccination for myself/child in the future.
- Those who are not vaccinated have a significantly increased likelihood of becoming infected and/or ill after exposure to COVID-19, and being unvaccinated increases the likelihood of being quarantined.
- I have had the opportunity to review information about COVID-19 vaccine efficacy and safety.
- I have had the opportunity to review the vaccine information provided by the Colorado Department of Public Health and Environment Immunization education for information on the benefits and risks of vaccines and the diseases they prevent.

I acknowledge that I have read this document in its entirety.

Date: _____

REQUIRED Signature of Student OR Parent/Guardian (if student is under 18)