



# BASTYR UNIVERSITY

## Application for COVID-19 Vaccination Extension

To meet COVID-19 Vaccination Requirement

This form is for Students and Employees who are requesting an extension to meet compliance with Bastyr University's ("Bastyr" COVID-19 vaccination requirement. Approval may be granted to covered individuals who have either initiated the process of getting the vaccine (e.g., received first COVID vaccine) *or* who are within the 2-week period after completing full vaccination. **Note that individuals with an extension will be compliant with the policy, but they will not be allowed to participate in in person activities until they are fully vaccinated.**

To request an extension, please complete the information below and email **completed** form to The Office of the Vice President of Student Services (for students) [poldocs@bastyr.edu](mailto:poldocs@bastyr.edu), or the Office of Human Resources (for employees) [poldoce@bastyr.edu](mailto:poldoce@bastyr.edu).

<b>Student or Employee Name</b>		<b>Student I.D. #</b>	
<b>Job title (If Applicable)</b>		<b>Location</b>	
<b>Department or Academic Program</b>		<b>Supervisor (If Applicable)</b>	
<b>Cell / Home Phone #</b>		<b>Bastyr Email address</b>	

Type of Vaccine Received (please attach documentation that you have received, at least one dose).

<b>Vaccine</b>	<b>Date of 1<sup>st</sup> Dose</b>	<b>Date of 2<sup>nd</sup> Dose or date of scheduled appointment for second dose</b>
<b>Janssen / Johnson &amp; Johnson</b>		
<b>Moderna</b>		
<b>Pfizer</b>		

\_\_\_\_\_  
Student or Employee Signature

\_\_\_\_\_  
Date



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## USE FOR OFFICES OF VP OF STUDENT SERVICES AND HUMAN RESOURCES ONLY

Date of initial request:

Extension request:

Date:

By:

Approved

Describe specific details:

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Denied

Date:

By:

Describe why extension is denied:

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