



COVID-19 IMMUNIZATION EXEMPTION REQUEST FORM

Last name	First name	DOB (month day year)	Z-Number
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1. RELIGIOUS EXEMPTION:

- A written statement is required from the student explaining the conflict with religious beliefs for a religious exemption. A religious exemption is not the same as a philosophical, moral or conscientious exemption.

2. MEDICAL EXEMPTION:

- A statement from a doctor explaining the medical contraindication is required for a medical exemption, including the time period for which the exemption is valid.
- Medical Exemptions are to be reviewed annually and students who no longer have a valid or documented medical reason for the exemption will be required to receive and document the missing immunizations.

3. IMPORTANT NOTE: In the event of a contagious outbreak, any student who has been exempted from immunizations will not be allowed to remain on campus until the outbreak is declared over.

4. IMPORTANT NOTE: Exemption requests are evaluated on a case-by-case basis and are not automatic. You will be notified by email once your request has been approved/denied.

I am requesting an exemption from the immunization requirements:

MEDICAL REASON: Reason and time period must be explained by physician. Please explain:

Healthcare Provider Signature: _____ Date: _____

RELIGIOUS REASON: Receipt of vaccination and immunization would conflict with student's sincere religious beliefs. Please explain (*Must be explained by student, and additional information and/or documentation about your religious practice(s) or belief(s) may be requested*):

Student Signature: _____ Date: _____

I verify that the information I am submitting in support of my request for an exemption 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.