

COVID-19 Vaccination Exemption Form

_____ Employee Name	_____ Med Center ID or Ohio State Employee ID	_____ Date of Birth
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My employment status is best described as:

- An Ohio State Employee who receives a paycheck from The Ohio State University/The Ohio State University Wexner Medical Center (OSUWMC).
- A licensed independent practitioner (MD, APN, PA) who does not receive a paycheck from OSUWMC.
- A contracted worker who does not receive a paycheck *directly* from Ohio State/OSUWMC. *This category often includes traveling nurses, visiting scholars, and those doing government or third party funded research.*
- An employee of OSU Physicians, Inc.

My primary affiliation with the University would fall under:

- The Ohio State University Wexner Medical Center
- The Ohio State University
- The Ohio State University College of Medicine
- OSU Physicians, Inc.
- Other: _____

COVID-19 vaccination exemption request

- Documented health-related contraindication. Please attach documentation from your treating health care provider (physician, advanced practice provider, CNP) with this form for review by Employee Health Services.
- Documented allergic reaction to an ingredient in the COVID-19 vaccine. Please attach appropriate documentation of the allergic reaction from your treating health care provider (physician, advanced practice provider, CNP) for review by Employee Health Services.
- Documented history of allergic reactions to other vaccines or other medical injections. Please attach appropriate documentation of the allergic reaction provided by your treating health care provider (physician, advanced practice provider, CNP) with this form for review by Employee Health Services.
- Documented COVID-19 infection or a history of having received a COVID-19 monoclonal antibody infusion within 90 days prior to the November 15, 2021 deadline. NOTE: you will be eligible for a temporary exemption until after the end of the 90-day period and then required to receive a COVID-19 vaccination within 14 days of the end of the exemption.
- Religious (details required in next question). Requires notary.

Personal (details required in next question). Requires notary.

Explanation for request (*Note: If you are seeking an exemption for a medical reason, please complete the university's medical exemption.*)

Religious Exemption

I, _____, am an employee of The Ohio State University or the OSUWMC and am seeking an exemption from the COVID-19 vaccine because of the following sincerely held religious belief: _____

In some cases, Ohio State may need additional information and/or documentation about your religious practices or beliefs. As such, please provide the name and contact information of your spiritual leader (if applicable): _____

Personal Exemption

For the personal exemption, this form must be notarized at the time of submission.

I, _____, am an employee of The Ohio State University and am seeking an exemption from the COVID-19 vaccine because of the following sincerely held personal belief:

By signing below, I verify that the 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, up to termination of employment. I understand that if I am granted an exemption, the fact that I have received an exemption may be shared with those at the university who have a need to know. I further understand that decisions made regarding exemption requests are final.

Employee Signature

Date

For personal and religious exemption requests, a notary public must complete the following.

REQUIRED FOR PERSONAL & RELIGIOUS EXEMPTION

ACKNOWLEDGEMENT CERTIFICATE

State of _____, County of _____ The foregoing instrument was
acknowledged before me on this _____ (date) by _____ (name
of person acknowledging).

(Notary Seal)

Signature of Notary Public – State of _____

My commission expires: _____(date)