

## The Ohio State University and Wexner Medical Center COVID-19 Exemption Form

Employee Name:

Med Center ID or OSU Employee ID:

Date of Birth:

### 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, including allergic reaction to an ingredient in a COVID-19 vaccine and/or history of allergic reactions to other vaccines or other medical injections. Please attach documentation from your treating licensed practitioner (e.g. physician, advanced practice provider, CNP) with this form for review by Employee Health Services. Documentation with the clinical contraindications must be signed and dated by the licensed practitioner, indicating which COVID-19 vaccine you are not able to receive. Please check all that apply.
  - Johnson & Johnson COVID-19 Vaccine
  - Pfizer-BioNTech COVID-19 Vaccine
  - Moderna COVID-19 Vaccine
  - Other approved COVID-19 Vaccine
- Documented COVID-19 infection or a history of having received a COVID-19 monoclonal antibody infusion within 90 days prior to the established

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 (not available for OSUWMC employees). 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

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

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 (The Ohio State University Wexner Medical Center, College of Medicine or OSUP Employees are NOT ELIGIBLE FOR THIS EXEMPTION)**

- The Ohio State University Employee (Not required to comply with CMS federal regulations. If unsure of your status, contact your Human Resources Business partner)

***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:

\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**REQUIRED FOR RELIGIOUS OR  
PERSONAL EXEMPTION  
ACKNOWLEDGEMENT**

**CERTIFICATE**

State of Ohio, 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 Ohio

My commission expires:

\_\_\_\_\_ (date)

**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

**Submit documentation via the COVID-19 vaccine portal ([go.osu.edu/employee-vax-info](https://go.osu.edu/employee-vax-info)) by the required deadline.**

**If you are a vendor/contractor, upload completed form at [go.osu.edu/ContractorVaxReport](https://go.osu.edu/ContractorVaxReport).**