

COVID-19 Vaccination Exemption Form

Student Name

Student ID Number

Date of Birth

My current enrollment status is best described as:

- Undergraduate student
- Graduate student
- Professional student

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 Student 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 Student 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 Student 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. **NOTE:** Due to the federal vaccination mandate, student-employees are not eligible for a personal exemption and must select another option if seeking an exemption. If you have any questions, please contact shs@osu.edu.

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 a currently enrolled student at The Ohio State University 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 a student of
The Ohio State University and am seeking an exemption from the COVID-19 vaccine because of
the following sincerely held personal belief:

[document continues on next page]

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 progressive discipline. 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.

Student Signature

Date

If under 18 years of age:

Parent/Guardian Signature

Date

Print Name

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)