



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 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 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.

[document continues on next page]

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

Religious Exemption

For the religious 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 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 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)

**Submit documentation via the My BuckMD health portal
by the deadline of Friday, September 17, 2021.**