

## COVID-19 Vaccination Exemption Form

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Student Name

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Student ID Number

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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 the past 90 days. **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 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: \_\_\_\_\_

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

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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): \_\_\_\_\_

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**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:

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*[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)