THE OHIO STATE UNIVERSITY

COLLEGE OF NURSING

## **COVID-19 Vaccination Medical/Religious Exemption Form**

Student Name

Student Name.#

Date of Birth

### My current enrollment status is best described as:

- □ Undergraduate student
- □ Graduate student

# **COVID-19 vaccination exemption request** \*please select the reason for your exemption request that best applies to you and your circumstances.

- 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 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).

## **Explanation for request**

#### **Religious Exemption**

I, \_\_\_\_\_, am a currently enrolled student at The Ohio State University

College of Nursing 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): \_\_\_\_\_

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
Print Name	
If under 18 years of age:	
Parent/Guardian Signature	Date

Submit this form to the Wilce Student Health Center via MyBuckMD for processing and review. Please note: Although a medical or religious exemption may be approved by the Student Health Center and the College of Nursing, the exemption may not be accepted by a clinical agency. The College of Nursing cannot guarantee that you will be placed in a clinical that accepts vaccination exemptions.