



**STUDENT:** Submit completed form to: Student Health Services

**LICENSED MEDICAL PROVIDER (MD, DO, PA, NP):** Return completed form to student for submission to Student Health Services

## VACCINATION REQUIREMENT – EXEMPTION

Last Name _____	First _____	Middle _____
Date of Birth _____	University ID Number (8 or 9 digits) _____	

Please indicate the basis upon which an exemption is being requested by having a physician complete the information in Section 1 below if seeking a medical exemption or by having the student request a religious exemption in Section 2 below.

The above named student requests an exemption for the following vaccine(s).

- Hepatitis B Series
- Measles/Mumps/Rubella
- COVID-19
- Polio
- Tetanus/Diphtheria/Pertusis
- Tuberculin Skin test
- Varicella

### **Section 1: Medical Exemption Requested—TO BE COMPLETED BY A LICENSED MEDICAL PROVIDER (MD, DO, PA, NP)**

Signature of licensed medical provider (MD, DO, PA, NP) and NPI number required.

Please exempt the above named student from the following vaccine(s) as indicated below.

- Hepatitis B Series
- Measles/Mumps/Rubella
- COVID-19 Vaccines
- Polio
- Tetanus/Diphtheria/Pertusis
- Tuberculin Skin test
- Varicella

**TO BE COMPLETED BY LICENSED MEDICAL PROVIDER (MD, DO, PA, NP):**

Provider Printed Name \_\_\_\_\_ Phone \_\_\_\_\_

Provider Signature/Credentials \_\_\_\_\_ Date \_\_\_\_\_

Provider NPA \_\_\_\_\_

**(OVER)**

**Section 2: Religious Exemption Request (Attestation pursuant to Student Honor Code required.)**

I request an exemption from Johnson C. Smith University's vaccination requirements due to my sincerely held religious beliefs.

Subject to the Student Honor Code, I attest that all information included on this form and submitted, is accurate and correct.

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_