RELIGIOUS EXEMPTION - send to Dean’s office

In the space below, please PRINT your personal statement to explain why you are requesting an exemption based on your religious beliefs:

□ I affirm that receiving immunizations are in conflict with my religious beliefs. I understand I am subject to exclusion from all on-campus classes and activities in the event of an outbreak of a disease for which immunization is required.

Student Signature: ___________________________________________ Date: ________________

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PERMANENT OR TEMPORARY MEDICAL EXEMPTION - send to immunizations@augusta.edu

1. Please attach a copy of medical documentation from your healthcare clinician that includes diagnosis and/or treatment plan that supports your medical exemption and/or accommodations request.

2. Request your licensed healthcare clinician to complete and sign the attestation form below (check all that are applicable):

□ I affirm that this student is exempt from the above immunizations due to a permanent medical contraindication.

□ I affirm that this student is temporarily exempt from the above immunizations until ____/____/____.

□ I affirm that this student may be a candidate for accommodations due to a disability.

REQUIRED SIGNATURE OF licensed HEALTHCARE CLINICIAN

<table>
<thead>
<tr>
<th>Name: ___________________________</th>
<th>Phone: ___________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address: _________________________</td>
<td>Signature: ________________________</td>
</tr>
<tr>
<td>Date: ___________________________</td>
<td>________________________________</td>
</tr>
</tbody>
</table>

* Healthcare Clinician must be a U.S. licensed physician, nurse practitioner, physician assistant or registered nurse.

I attest that all of the above information is accurate and agree to release this information to Augusta University.

Student Signature: ___________________________ Date: ________________