

Augusta University

Name: _____

Date of Birth: ____/____/____

Student ID: _____

Submit this page to claim exemption from the COVID vaccination mandates

RELIGIOUS EXEMPTION - *send to your 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:** _____

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

- 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.*
- 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	
Name: _____	
Address: _____	Phone: _____
Signature: _____	Date: _____

* 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:** _____