



EXEMPTION REQUEST FOR COVID-19 VACCINE EXPECTATION

I request an exemption from Marian University’s COVID-19 vaccine expectation for 2021.

Name: _____

Email: _____

Cell Phone: _____

I am a (circle one): Student Faculty Staff

Select one of the following:

- My request is based on religion for these reasons:

- My request is based on a medical condition.

This is a temporary condition (e.g. pregnancy) (circle one) Y/N

OR

This is a permanent condition (e.g. allergy) (circle one) Y/N

- A letter from my health care provider, _____, is attached to this request.

I affirm that the above representations are true and correct.

Signature: _____ Date: _____

Submit this form to vaccine@marian.edu. It will be carefully reviewed and the determination will be communicated promptly. Anyone who receives an exemption will be required to abide by specific COVID-19 mitigation measures during all applicable Marian University activities.