



## GENERAL (NON-MEDICAL) EXEMPTION - VACCINATION REQUIREMENT

Students may exempt for Good Cause/Religious/Philosophical/Moral Conviction reasons\*.

Instructions: Complete and sign this form in the presence of a Notary Public. The Notary Public will complete the bottom section. Upload the completed form to MyBuckMD OR email to [vaccination@osu.edu](mailto:vaccination@osu.edu) OR fax to 614-292-7042 OR mail to Health Information Services, 1875 Millikin Rd., Columbus, OH 43210

### TO BE COMPLETED BY STUDENT

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_ University ID Number (8 or 9 digits): \_\_\_\_\_

I request an exemption for the following vaccines (check all that apply):

Hepatitis B

Measles

Mumps

Rubella

Meningococcal Conjugate (ACWY)

Tetanus/Diphtheria/Pertussis (Tdap)

Varicella

I understand that by submitting The Ohio State University General Exemption form for a vaccine required by the Vaccination Requirement, I exempt at my own risk. I release The Ohio State University, its faculty, staff and students from any and all claims connected with an outbreak or threatened outbreak of disease or other public health immunization emergency on campus. Additionally, I understand that I may be encouraged to leave campus until the situation has been resolved.

Student Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

### TO BE COMPLETED BY NOTARY PUBLIC

State of \_\_\_\_\_, County of \_\_\_\_\_

The foregoing instrument was acknowledged before me on this \_\_\_\_\_ (date) by

\_\_\_\_\_ (name of person acknowledging).

(Notary Seal)

Signature of Notary Public \_\_\_\_\_

State of \_\_\_\_\_

My commission expires: (date) \_\_\_\_\_