

Students may exempt for 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 OR **fax** to 614-292-7042 OR **mail** to Health Information Services, 1875 Millikin Rd., Columbus, OH 43210

## GENERAL (NON-MEDICAL) EXEMPTION - Vaccination Requirement

Last Name		First	Middle
Date of Birth mm/dd/yyyy	University ID Number (8 or 9 digits)		Semester Start (check one): Fall    Spring    Summer 20_____

**The above-named student requests an exemption for the following vaccine(s) (check all that apply):**

- Hepatitis B
- Measles
- Mumps
- Rubella
- Meningococcal conjugate (ACWY)
- Tetanus/Diphtheria/Pertussis (Tdap)
- Varicella

The above-named student understands that by submitting The Ohio State University General Exemption form for one (1) or more vaccines required by the Vaccination Requirement, he/she exempts at his/her own risk. The student releases 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, the student understands that he/she may be encouraged to leave campus until the situation has been resolved.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_  
m m / d d / y y y y

**The above-named student requests the following exemption:**

### Good Cause/Religious/Philosophical/Moral Conviction Exemption Requested

Notarization by Notary Public required.

TO BE COMPLETED BY NOTARY PUBLIC:

Seal of Notary:

Printed First and Last Name of Notary: \_\_\_\_\_

Signature of Notary: \_\_\_\_\_

Subscribed and sworn before me on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

*\*This exemption is not valid for Health Professional Programs. If you are a student in an Ohio State University Health Professional Program such as nursing, dental, medical, etc., this form will not be accepted by your program. This form will only be accepted for The Ohio State University Vaccination Requirement.*