

IMMUNIZATION

Certificate of Nonmedical Exemption for COVID-19 Vaccine

“Nonmedical exemption” means an immunization exemption based upon a religious belief whose teachings are opposed to immunizations or a personal belief that is opposed to immunizations. Students with a recorded immunization exemption may be excluded from campus during a disease outbreak; the length of time will vary depending on the type of the disease and the circumstances of the outbreak.

Please complete all required fields below and obtain all required signatures; incomplete forms will not be accepted.

STUDENT INFORMATION (Legal Name)

First Name: _____ Last Name: _____ Middle Name: _____

Date of Birth: _____ Bear Number: _____

STATEMENT OF EXEMPTION

I am the student named above or the parent/guardian if under 18 years of age and am claiming a nonmedical exemption from the vaccine indicated above. The information I have provided on this form is complete and accurate. I have reviewed evidence-based vaccine information and I understand the risks, testing requirements, and possible exclusion from campus in the event of an outbreak. I understand I can seek out a vaccination at any time in the future.

REQUIRED Signature: _____ Date: _____

PARENT INFORMATION (only if student is under 18 year of age)

First Name: _____ Last Name: _____

Relationship to student: Mother Father Legal Guardian

Signature: _____ Date: _____