

Northeastern State University

COVID-19 Vaccination Exemption

Student's Name: _____

Student ID: N_____ Birth Date: _____

I have been notified by my institution of the Rowdy's Scholarships program. To enter I must provide documentation of having received vaccinations for COVID-19. I understand the benefits and risks of receiving the vaccination. At this time, I am choosing not to receive the COVID-19 vaccination due to the following:

TYPE OF EXEMPTION:

1. MEDICAL CONTRAINDICATION: I hereby certify that the immunization(s) specified below are medically contraindicated for the named student.

Immunization(s)

Specify Contraindications

Physician Signature

2. RELIGIOUS OBJECTION: I hereby certify that the immunization is contrary to the teachings of the above-named student's religion.

Student Signature (or Parent, if student is a Minor)

Date

Student Signature (or parent, if student is a minor)

Date

Please return completed form to the following address: Northeastern State University Office of Outreach & Prevention,

Attn: Immunization Compliance, 600 N Grand Ave, Tahlequah, OK 74464

Fax: 918-458-2340

Phone: 918-444-4735

Email: immunizations@nsuok.edu