

EXEMPTION REQUEST FOR COVID-19 VACCINE EXPECTATION

Name:	l re	equest an exemption from Marian University's COVID-19 vacci	ne expectation for 2021.	
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,		Name:		
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,		Email:		
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,		Cell Phone:		
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,		I am a (circle one): Student Faculty Staff		
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,	Se	lect one of the following:		
This is a temporary condition (e.g. pregnancy) (circle one) OR This is a permanent condition (e.g. allergy) (circle one) Y/N • A letter from my health care provider,	•	My request is based on religion for these reasons:		
This is a temporary condition (e.g. pregnancy) (circle one) OR This is a permanent condition (e.g. allergy) (circle one) Y/N • A letter from my health care provider,				
This is a temporary condition (e.g. pregnancy) (circle one) OR This is a permanent condition (e.g. allergy) (circle one) Y/N • A letter from my health care provider,				
OR This is a permanent condition (e.g. allergy) (circle one) A letter from my health care provider,	•	My request is based on a medical condition.		
This is a permanent condition (e.g. allergy) (circle one) Y/N A letter from my health care provider,		This is a temporary condition (e.g. pregnancy) (circle one)	Y/N	
A letter from my health care provider,		OR		
is attached to this request.		This is a permanent condition (e.g. allergy) (circle one)	Y/N	
I affirm that the above representations are true and correct.	•	· · · · · · · · · · · · · · · · · · ·	,	
rammi mai me above representations are true and correct.	Lo	ffirm that the above representations are true and correct		
Cignoture		·		
Signature: Date:	S)(gnature 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.