EXEMPTION REQUEST FOR COVID-19 VACCINE EXPECTATION
2022

I request an exemption from Marian University’s COVID-19 vaccine expectation for 2022.

Name: _______________________________________________________
Email: _______________________________________________________
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, ________________________________, is attached to this request.

I affirm that the above representations are true and correct.

Signature: ____________________________ 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.