



STUDENTS REQUESTING AN EXEMPTION FOR MEDICAL OR RELIGIOUS REASONS COVID-19 VACCINE FORM

Instructions: Write your initials for each appropriate provision as acknowledgement that you have read and understand each one.

I, Name of Student (Print): _____, Kean University ID: _____, am requesting an exemption from the COVID-19 vaccine.

INITIAL HERE: _____ I am aware that in the event of an outbreak or threatened outbreak of COVID-19, the Kean University may, in consultation with the NJ Department of Health, temporarily require me to remain in on campus housing or off campus, including exclusion from classes and extracurricular activities until the outbreak or threat of outbreak is over.

INITIAL HERE: _____ I am aware that as an unvaccinated individual, I am subject to protocols that may be implemented by Kean University to mitigate the spread of COVID-19 on campus.

INITIAL HERE: _____ I am aware that this form is valid only for the COVID-19 vaccine.

INITIAL HERE: _____ I understand and assume all risks of being unvaccinated, including the potential contracting of COVID-19 while attending or being present on Kean campus or at University-sponsored events, including travel to and from.

Medical Exemption: Request to be exempt from the immunization requirement which is medically contraindicated due to my current health condition.

INITIAL HERE: _____ I have provided a written statement by my physician or advanced practice nurse that indicates the reason(s) for the medical contraindication, based upon CDC guidelines and includes a specific time period for the medical exemption. Note that medical exemptions must be updated on a yearly basis unless indicated otherwise.

Please Note: [You may consider delaying your vaccine by 3 months from when your symptoms started or, if you had no symptoms, when you received a positive test.](#) If you are seeking an exemption because you tested positive for COVID-19, you must submit a positive COVID test result and will be exempt from the vaccine requirement for 90 days from the positive test result. After 90 days, you must start the vaccine series and submit proof of vaccination.

Religious Exemption: Request to be exempt from the immunization requirement based on my religious tenets/beliefs.

INITIAL HERE: _____ I have provided the following written statement signed by me (if over age 18), or by my parent or legal guardian if a minor, explaining how the administration of immunizing agents conflicts with my bona fide religious beliefs. Note that a general philosophical or moral objection is not sufficient for an exemption on religious grounds. (Use space below to provide the statement or attach a signed and dated letter.)

Signature of Student: _____ Date: _____

Signature of Parent/Guardian (if under 18 years old): _____

Name of Parent/Guardian (Print): _____ Date: _____