



1000 Morris Ave. Union, NJ 07083  
Downs Hall, Room 126  
Tel: (908) 737-4880  
To submit this form, go to [kean.studenthealthportal.com](http://kean.studenthealthportal.com)

## KEAN ONLINE STUDENT WAIVER COVID-19 VACCINE FORM

I, \_\_\_\_\_ [print name] ("Participant"), certify that I am enrolled in Kean University's online program, I am exempt from immunization requirements, including COVID-19, as an exclusively online student.

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

**INITIAL HERE:** \_\_\_\_\_ I shall not congregate, on campus or in an off-campus facility, whether for classes or to participate in institution-sponsored events, such as those enrolled in programs for individualized home study or conducted entirely via electronic media.

**INITIAL HERE:** \_\_\_\_\_ Should my situation change and it becomes necessary for me to congregate at Kean University's campus and/or with other Kean University students at an off-campus facility for classes or to participate in a Kean University sponsored event, I shall immediately submit my immunization records according to all federal and State laws.

**INITIAL HERE:** \_\_\_\_\_ I am not enrolled in the RN-BSN program. Nursing students cannot waive immunizations for online courses, they must submit immunizations as required by federal and state laws.

Name of Participant(Print): \_\_\_\_\_ Kean ID #: \_\_\_\_\_

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

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

Name of Parent/Guardian (Print): \_\_\_\_\_ Date: \_\_\_\_\_