



**IMMUNIZATION EXEMPTION FORM**

Immunizations Department – Office of the Registrar

Email: [immunizationsvc@kennesaw.edu](mailto:immunizationsvc@kennesaw.edu)

**RETAIN A COPY OF THE COMPLETED FORM FOR YOUR RECORDS**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Date of Birth: \_\_\_\_-\_\_\_\_-\_\_\_\_ Gender: Male Female KSUID#: 000\_\_\_\_\_  
Mo. Day Year

Address: \_\_\_\_\_  
Street City State ZIP

**Board of Regents Policy:**

Students who have religious objections to immunizations and students whose physicians have certified that they cannot be immunized because of medical reasons may be exempted from providing proof of immunization. **In the event of a disease outbreak, these students may be excluded from any institution or facility of the University System until such time as they present valid evidence that they are immunized against the disease or have had the disease and recovered, or the epidemic or threat no longer constitutes a significant public health danger.**

**PERMANENT OR TEMPORARY IMMUNIZATION EXEMPTION**

\_\_\_\_ This student is exempt from the above immunizations on the ground of permanent medical contraindication.

\_\_\_\_ This student is temporarily exempt from the above immunization until \_\_\_\_/\_\_\_\_/\_\_\_\_.

**CERTIFIED OF HEALTH CARE PROVIDER (This information is required)**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RELIGIOUS EXEMPTION AGREEMENT:**

By checking the box below, signing and dating the form, you are claiming religious exemption of the immunization requirement:

\_\_\_\_ I affirm that the immunizations, required by the University System of Georgia, are in conflict with my religious beliefs. I understand I am subject to exclusion from campus in the event of an outbreak of disease for which immunization is required. Based on this religious exemption, I cannot receive travel vaccines from the KSU Health Clinic.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email the completed form to [immunizationsvc@kennesaw.edu](mailto:immunizationsvc@kennesaw.edu).