CLAYTON STATE UNIVERSITY

Vaccination Exemption Form

Please complete the information for the appropriate exemption listed below. **Complete only the section that relates to your reason for exemption.**

---

1. **Temporary Medical Exemption**
   - ☐ Temporary medical exemption until _____ (enter date). Attach physician verification on medical office letterhead.

   Name: _____ Birthdate:_____ Date: _____

---

2. **Permanent Medical Exemption**
   - ☐ Permanent medical exemption. Attach physician verification on medical office letterhead.

   Name: _____ Birthdate: _____ Date: _____

---

3. **Religious Exemption**
   - ☐ Religious exemption **(NOTE: This does not exempt you from the TB Requirement)**

   I, _____, hereby certify that the administration of any vaccine or other immunizing agents is contrary to my religious beliefs. I affirm that my objections to vaccination are not based solely on grounds of personal philosophy or inconvenience. This is pursuant to my right to refuse vaccination on the grounds that vaccinations conflict with my religious beliefs. Pursuant to Georgia statute, I am providing this attestation.

   Name: _____ Birthdate: _____ Date: _____

   Signature of Affiant: _____

   Subscribed and sworn before me this ____ day

   of _____, 20____.

   _____

   Notary Public Signature and Seal

4. Exclusively Online Exemption (NOTE: This does not exempt you from the TB Requirement)

I, _____, declare that I will be enrolling ONLY in programs offered by distance learning via online courses.

I understand that if I choose to:

- Utilize on campus facilities, including (but not exclusive of) dining halls, on-campus housing, libraries, recreational facilities and educational buildings and/or

- Change my program so that I take any in-person classes, this exemption becomes void, and I will be excluded from class until I provide proof of immunization.

Name: _____

Birthdate: _____

Date: _____

Signature: _____