

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

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**1. Temporary Medical Exemption**

- Temporary medical exemption until \_\_\_\_\_ (enter date). Attach physician verification on medical office letterhead.

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Date: \_\_\_\_\_

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**2. Permanent Medical Exemption**

- Permanent medical exemption. Attach physician verification on medical office letterhead.

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Date: \_\_\_\_\_

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**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\_\_\_\_.

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Notary Public Signature and Seal

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

I, \_\_\_\_\_, hereby certify that I am enrolled in an exclusively online academic program and will not have any physical presence on campus. I certify I understand and will adhere to the following:

The exemption waiver is not valid, and I must comply with Clayton State immunization requirements if:

- I enroll in any face-to-face or hybrid courses that require physical presence on campus.
- I participate in on-campus activities, events, or use campus facilities such as libraries, gyms or labs.
- I move onto on-campus housing or other university affiliated residences.
- The institution or the Board of Regents updates its immunization policies to include stricter requirements for all students, including those enrolled online.
- I enroll in a program that includes clinical placements, internships, or fieldwork that require immunizations, even if the coursework is primarily online.
- There are changes in state or federal laws that mandates immunizations for all students, regardless of their mode of study.

Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

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

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

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