## OSU – OKC STUDENT VACCINATION DRIVE CONTEST COVID-19 VACCINATION EXEMPTION/DECLINATION REQUEST FORM

Student Name:	OSU CWID #:	
actively enrolled for fall 202 vaccinated due to medical co prizes as part of the Contest Exemption/Declination Rec	cination drive contest (the "Contest") is open to OSU-OK 21 who are fully vaccinated. Additionally, students who enditions or sincere religious objections may also be enter upon completion and submission of this COVID-19 V quest Form. Please submit your completed fokc.eeo@okstate.edu by September 30, 2021.	cannot be red to win accination
I decline to receive a COVID-	1-19 vaccination for one of the following reasons (initial or	ne):
vaccination due to medical co	I by my health care provider that I am unable to recontraindication. (Attach supporting documentation from physician assistant, or other licensed health care provider	a licensed
OR		
and signed statement detailing	ious objection to receive a COVID-19 vaccination. (Attag the religious basis for your objection to a COVID-19 vaccination.)	
FURTHER, I understand and	acknowledge the following:	
(initial) I am submi designated email address.	itting supporting documentation of the reason stated about	ove to the
vaccine. I have read and fully	arily choose to provide an exemption/declination of the Cy understand all of the information on this form, and I here ormation is true, accurate, and complete.	
Printed Name of Student or	Legal Guardian:	
Signature of Student or Leg	gal Guardian:	
Data		