



EXEMPTION REQUEST FOR INFLUENZA VACCINE REQUIREMENT- FALL 2020

I request an exemption from Marian University's influenza vaccine requirement for the 2020-21 academic year.

Name: _____

Email: _____

Cell Phone: _____

I am a (circle one) Student Faculty/Staff requesting this exemption.

Select one of the following:

My request is based on religion for these reasons:

My request is based on a medical condition.

This is a temporary condition (e.g. pregnancy) (circle one) Y/N

OR

This is a permanent condition (e.g. allergy) (circle one) Y/N

A letter from my health care provider, _____,
is attached to this request.

I affirm that the above representations are true and correct.

Signature: _____

Date: _____

Please submit your exemption form to the Office of Human Resources in Marian Hall room 116 or hr@marian.edu email by November 1, 2020.

