



# SOUTHWESTERN UNIVERSITY

## STUDENT EXEMPTION FROM COVID-19 VACCINATION POLICY

To be exempted from Southwestern University's COVID-19 Vaccination Policy, you must print this form, complete all sections, and return the notarized form in person or by mail to the Southwestern University Health Center, 1001 E. University Ave., Georgetown, TX 78626. Exemptions are valid for one year from the date on which they were notarized.

**Student's Full Name:** \_\_\_\_\_

**Date of Birth (MM/DD/YYYY):** \_\_\_\_\_

**SU ID#:** \_\_\_\_\_

**SU Email Address:** \_\_\_\_\_ **@southwestern.edu**

By submitting this form, I declare that for reasons of conscience (which may include a religious belief), underlying medical conditions, or concerns related to the vaccine's Emergency Use Authorization status, I do not want to receive (or want my minor dependent to receive) the COVID-19 vaccination.

— OR —

By submitting this form, I declare that I do not wish to provide my (or my minor dependent's) vaccination status.

I attest that (initial each item):

\_\_\_\_\_ I have read and understand the benefits of getting a COVID-19 vaccine.

\_\_\_\_\_ I understand the risks of not receiving (or my minor dependent's not receiving) the vaccine.

\_\_\_\_\_ I understand that electing not to receive the vaccine may require me to follow protocols not required of those who are vaccinated (i.e., asymptomatic testing, masking, distancing).

\_\_\_\_\_ I understand that under certain circumstances, my unvaccinated status may limit my access to University spaces or my ability to participate in specific University-sponsored events.

\_\_\_\_\_ I am signing and submitting this form as an adult (or as the parent or legal guardian of the above-named minor dependent) and that I am doing so in good faith.

\_\_\_\_\_  
Signature of student (or of parent/guardian if student is under 18)

\_\_\_\_\_  
Date

**BEFORE ME**, the undersigned authority, \_\_\_\_\_ personally appeared, and being by me first duly sworn, did state under oath the following:

"My name is \_\_\_\_\_. I am over the age of eighteen years, fully competent and authorized to make this affidavit based on my personal knowledge."

**SUBSCRIBED and SWORN** to before me by the said affiant, this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

(AFFIX SEAL)

**NOTARY PUBLIC,** \_\_\_\_\_

State