

Request for Exemption from Covid-19 Vaccination: Letter of Dissent

If you are requesting an exemption from required vaccinations for reasons other than medical or religious, please complete section 1 below and in Section 2 provide your statement of dissent.

Section 1

Name (print):	Cell phone #:
U number:	DOB:
Classification:	Alternative Contact #:

Section 2

I am requesting a medical exemption from Southern University System's mandatory vaccination policy:

Provide a statement of dissent in the section below

I understand that in the event of an outbreak of a vaccine-preventable disease at the location of the educational institution or facility the student attends, the administrators of the educational institution or facility, upon the recommendation of the office of public health, may exclude the student from attendance until the incubation period has expired or I present evidence of immunization.

(LSA-R.S.17:170)

Student Signature:	Date:

STUDENT AFFAIRS USE ONLY

Date of Receipt from MedProctor: __/_/ _____ Date of Return to MedProctor: __/_/ ____

Select One:

Letter of Dissent

_____ Approved -Statement of Dissent Acknowledged

OR

_____ Denied - Statement of Dissent Incomplete due to:

Reviewer Code _____