VIII.  

- Temporary medical exemption until ____/____/____ or
- Permanent medical exemption

Medical reason for request   

(Must be verified by a doctor)

- Religious exemption: I affirm that immunization as required by the University System of Georgia is in conflict with my religious beliefs.

I understand that exemption for any of the reasons listed above subjects me to exclusion from campus in the event of an outbreak of a disease for which immunization is required.

Student Signature   

The information on this form is confidential and will be used only in matters concerning your health..

NOTE: It is recommended that the student keep a photocopy for future use.