



**STUDENT EXEMPTION FORM**  
***Exemption from COVID-19***  
***Vaccination Policy for Approved Reasons***

To receive an exemption from **Texas Lutheran University's Nursing Program** COVID-19 vaccination requirements, a student must complete this form and file with the nursing program.

PLEASE COMPLETE ALL OF THE FOLLOWING SECTIONS

STUDENT'S INFORMATION:

_____ First Name	_____ Date of Birth (MM/DD/YYYY)
_____ Middle Name	_____ TLU ID Number
_____ Last Name	_____ TLU Email Address

I do **NOT** want to receive the COVID-19 vaccination for one of the following reasons. Please initial by one of the reasons listed below.

- \_\_\_\_\_ Sincerely held religious beliefs (Title VII)
- \_\_\_\_\_ Medical conditions (ADA)
- \_\_\_\_\_ Election to not provide vaccination status or exemption reason provided by the Texas Governor's Executive Order (GA-35).

I have read and understand the **Benefits of Getting a COVID-19 Vaccination** information linked below. I understand the risks of not vaccinating myself. I further understand that I will not be denied services due to this election.

I do acknowledge that I may be denied access to a clinical rotation at a healthcare facility, based on each individual healthcare facility's COVID-19 Vaccination policy.

I acknowledge that this election may establish additional requirements to receive services (i.e., asymptomatic testing, temperature screening, and symptom screenings) or exclusion from specific university or nursing program environment or events in times of emergency or epidemic declared by the Centers for Disease Control and Prevention, Texas Department of State Health Services, county health officials, or university officials.

**Benefits of Getting a COVID-19 Vaccine:**

<https://www.cdc.gov/coronavirus/2019-ncov/your-health/understanding-risk.html>

I certify that I am signing for myself as an adult and that the information provided here is true and correct:

_____ Student Signature	_____ Date of signature
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_____ Texas Lutheran University Nursing Program Representative	_____ Date of signature
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