Request for Personal Exemption from the COVID-19 Vaccine

Ohio Dominican University (ODU) will evaluate, on a case-by-case basis, requests to be exempt from the University's vaccine requirement that are based on reasons not covered by its medical or religious exemptions. The University is not obligated to grant such exemptions and may deny requests for any lawful reason, including health and safety considerations.

Name: _____ ODU ID: _____

Email: _____ Phone: _____

In the space below, please describe your reason for requesting an exemption from the University's COVID-19 vaccine requirement:

I certify that my statement above is true and accurate. I understand that any intentional misrepresentation contained in this request may result in disciplinary action.

Signature: _____ Date: _____

Parent/Guardian Printed Name (if student is under 18):
Signature: _____ Date: _____