



## Foster Johnson Health Center

### STATEMENT OF EXEMPTION FROM COVID-19 SARS

**Under the Louisiana Revised Statutes 17:170 Sec E, I \_\_\_\_\_,**  
GSUID#\_\_\_\_\_ hereby claim exemption from the immunization requirements due to medical, religious, or philosophical reason.

I, fully 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.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Name (Print)  
(Required if under 18)

\_\_\_\_\_  
(Relationship)

\_\_\_\_\_  
Parent or Guardian Signature  
(Required if under 18)

\_\_\_\_\_  
Date