



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

A Constituent Member of the University of Louisiana System / Accredited by the Southern Association of Colleges and Schools
An Equal Opportunity Employer and Educator / Facilities Accessible to the Disabled