

Immunization EXEMPTION Form

Student Health & Counseling Center

1 University Parkway University Park, IL 60484 708.235.7154

Fax: 708.235.3961

www.govst.edu/immunizations

Name:(last, first, middle)	
Date of Birth (mm/dd/yyyy):	GSU Student ID number:
Phone number:	Date of request:
Reason for Request:	
☐ Exemption* - Exclusively attend classes at an	off-site location.
☐ Exemption* - Enrolled exclusively in an online	e degree program.
Note: A new Exemption Form, signed b current Immunization Deadline.	y your advisor, must be submitted every semester on or before the
*Advisor's Signature:	Date:
Student Signature:	Date:
Submit this form in person to Student Hea	Ith & Counseling Center, A1120 or fax/mail to:

Fax: 708.235.3961 Phone: 708.235.7154

Mail:

Governors State University Immunization Compliance 1 University Parkway, A1120 University Park, IL 60484-0975

GSU Immunization history form is available at www.govst.edu/immunizations.