Immunization EXEMPTION Form

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 degree program.

Note: A new Exemption Form, signed by your advisor, must be submitted every semester on or before the current Immunization Deadline.

*Advisor's Signature: __________________________________________ Date: __________

Student Signature: __________________________________________ Date: __________

Submit this form in person to Student Health & 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.