NORTHERN OKLAHOMA COLLEGE COVID-19 VACCINATION EXEMPTION/DECLINATION REQUEST FORM

Student Name:	NOC #:
students actively enrolled for cannot be vaccinated due to r	ge COVID-19 Vaccination Incentive Contest is open to all NOC fall 2021 who are fully vaccinated. Additionally, students who medical conditions or sincere religious objections may also be the Contest upon completion and submission of this COVID-19 ation Request Form.
I decline to receive a COVID-19	9 vaccination for one of the following reasons (initial one):
vaccination due to medical con	by my health care provider that I am unable to receive this attraindication. (Attach supporting documentation from a licensed hysician assistant, or other licensed health care provider.)
OR	
and signed statement detailing	as objection to receive a COVID-19 vaccination. (Attach writter the religious basis for your objection to a COVID-19 vaccination at guide your objections to a COVID-19 vaccination.)
FURTHER, I understand and ac	cknowledge the following:
(initial) I am submitti designated email address.	ing supporting documentation of the reason stated above to the
vaccine. I have read and fully u	ly choose to provide an exemption/declination of the COVID-19 nderstand all of the information on this form, and I hereby certify nation is true, accurate, and complete.
Printed Name of Student or L	egal Guardian:
Signature of Student or Legal	Guardian:
Date•	

<u>Please submit your completed exemption/declination request form and supporting documentation by saving as a PDF and uploading it with your COVID-19 Vaccination Incentive Entry Form.</u>