



COVID-19 TESTING EXEMPTION REQUEST FORM

Please complete this form and submit promptly to the Health Services Office at Health_Services@thiel.edu. Exemptions are granted on a case by case basis and remain strictly confidential.

Name:	
Student ID:	
Thiel Email:	Cell Phone No.

REASON FOR EXEMPTION: Please check off the reason for the request

Tested positive for COVID-19 in the last 90 days (**attach COVID-19 test documentation**)

Medical reason (**attach documentation or physician statement**)

Medical exemption attested to by:

Physician Signature: _____ Date: _____

Physician Address _____

Physician Telephone Number: _____

Religious reason (**Explain below**)

On-line or off-campus class curriculum only

Other reason _____

Signature: _____ Date: _____

Print Name: _____

Approved by: _____ Date: _____