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## NASAL SWAB EXEMPTION REQUEST FORM OCC STUDENTS

**Please complete the following information:**

|                  |                                    |
|------------------|------------------------------------|
| Full Name:       | Student ID:                        |
| OCC email:       | Phone #:                           |
| Date of Request: | Return to accommodations@ocean.edu |

Ocean County College (OCC) is committed to diversity and inclusiveness of members of the college community. If you have a bona fide medical condition prohibiting you from utilizing COVID-19 Nasal Swab testing and wish to request an exemption from this requirement, please provide details regarding your request for exemption in the space provided below, **along with a supporting document/note from your treating physician.** Please provide sufficient detail so that the nature of your medical condition for your exemption request may be thoroughly considered.

Name of Medical Doctor providing note: \_\_\_\_\_  
Details regarding request: \_\_\_\_\_

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Doctor note must clearly show the following: Doctors' name and Medical designation, office address, your name, current date, medical reason explaining why a saliva test is indicated instead of a nasal swab.

### **VERIFICATION and ACCURACY**

I verify that the above information is complete and accurate to the best of my knowledge and I understand that any intentional misrepresentation in this request may result in disciplinary action. I understand that this request must be submitted on an annual basis for each academic year.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_