

REQUEST FOR EXEMPTION FROM VACCINATION ON RELIGIOUS GROUNDS

Student's Name:		Student's Date of Birth:	
Student's Home Address:		City/State	Zip
Name of Post-Secondary School or University:	Street Address:	City	Zip

Initials

_____ I certify that immunization conflicts with my bona fide religious tenets and practices.

_____ I understand that if at anytime there is, in the opinion of the Department of Health, danger of an outbreak or epidemic from any communicable disease for which immunization is required, this exemption from immunizations shall not be recognized and I will be excluded from post-secondary school until the threat of an epidemic is over or I receive the proper immunization.

_____ I understand that a request for religious exemption based on objections to specific vaccines will not be granted.

I understand the benefits and risks of the vaccinations I am required to have for post-secondary school attendance, the risk of contracting the diseases that vaccines prevent, and the risk of transmitting disease to others. I understand that this form may not be used for personal or philosophical reasons.

Student's Signature

Date:

Parent/Guardian Name of student <age 18 years> (please print)

Date

Parent/Guardian Signature of student <age 18 years>

Date