**MARYMOUNT UNIVERSITY**

**STUDENT HEALTH SERVICES**

**CERTIFICATE OF RELIGIOUS EXEMPTION**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date\_\_\_\_\_\_\_\_\_\_

Student I.D. Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*I, identified above, hereby request a religious exemption from the immunization requirements because the administration of immunizing agents conflicts with my religious tenets or practices.*

*I also understand and acknowledge that if the University approves my request for a religious exemption from the immunization requirement, I will not have the protections afforded by the vaccine(s). I knowingly and voluntarily agree to assume the risks associated with being a student at the University, and participating in University activities, without the vaccine(s).*

*I understand, that in the occurrence of an outbreak, potential epidemic or epidemic of a vaccine-preventable disease in the University, the State Health Commissioner may order my exclusion from the University, for my own protection, until the danger has passed.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Student Date

(Signature of parent/legal guardian if student

is under the age of 18)

I hereby affirm that this affidavit was signed in my presence on

This \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public Seal