Drew University Health Service
Request for Religious Exemption to Vaccinations

Student Name___________________________________ Date of Birth______________________

NJ state law ( NJAC 8:57-6.15) indicates that an institution of higher education shall exempt a student from mandatory immunization if the student objects thereto in a written statement submitted to the institution, signed by the student (or a parent or legal guardian if a minor) explaining how the administration of immunizing agents conflicts with the student’s religious beliefs.

Requesting Exemption for:
MMR__  __ Hepatitis B____  Meningitis____  Covid-19_____

Statement for Exemption: Objections to vaccinations based on grounds which are not religious in nature and which are of a philosophical, moral, secular, or more general nature are unacceptable.

___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

To be signed by student:
I understand that because of the above stated religious exemption to receiving the specific immunization(s) indicated I may be temporarily excluded from classes and from participating in institution-sponsored activities during a vaccine-preventable disease outbreak or threatened outbreak. In the case of the Covid-19 vaccine, I understand that I will be required to follow any protocols that may in place (including testing, isolation, and quarantine) in accordance with federal, state, and local public health guidelines.

Signature:_________________________________________________ Date:____________________