

Request for Religious Exemption Form Immunization

INSTRUCTIONS:

1. Form is completed by student of Montclair State University or parent if under age 18
2. All information is required
3. Statement must explain how **your sincerely held religious belief** is in conflict with the vaccine
4. Log into the [My Health Portal](#) using your **@mail.montclair.edu** and upload the completed and signed form.

Last Name: _____ First Name: _____ Today's date: _____ CWID: _____
Cell Phone: _____ Current age: _____ Date of Birth: _____

I am requesting exemption from (please check):

☐ Meningitis vaccine ☐ Hepatitis B ☐ MMR ☐ Tdap ☐ DPT ☐

☐ Polio (IPV) ☐ Varicella ☐

In your own words, please provide information in support of your request

to receive religious exemption from the University's immunization requirement(s):

Forms which are incomplete or not signed will not be processed

By signing below I acknowledge:

1. In the event of an infectious disease outbreak, the University may require students without documented evidence of immunization to remain off campus until the outbreak is over.
2. Unvaccinated and/or individuals exempt from immunization are subject to campus surveillance testing requirements.

Signature of Student: _____ Date: _____

Signature of Guardian if student is under age 18: _____ Date: _____