

1101 Camden Avenue, Holloway Hall Room 180 • Salisbury, MD 21801
410-543-6262 • Studenthealth@salisbury.edu

Name: _____

Student ID: _____ Date of Birth: _____

COMPLETE THE APPROPRIATE SECTION

(age 18 and older)

Due to my bona fide religious beliefs and practices, I object to any vaccine(s). This exemption does not apply during an emergency or epidemic of disease.

Signed: _____ Date: _____

(age 17 and younger)

I am the parent/guardian of the child identified above. Because of my bona fide religious beliefs and practices, I object to any vaccine(s) being given to my child. This exemption does not apply during an emergency or epidemic of disease.

Name: _____ Relation to Student: _____

Signed: _____ Date: _____