HEALTH SERVICES
Student Services
SETON HALL UNIVERSITY
Accredited by the
ACCREDITATION ASSOCIATION for AMBULATORY HEALTH CARE, INC.

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*.

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**To be signed by student:**
I understand that because of the above stated religious exemption to receiving the specific immunizations indicated I may be temporarily excluded from classes and from participating in institution-sponsored activities during a vaccine-preventable disease outbreak or threatened outbreak.

Signature:_____Date:_____