

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

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Name: \_\_\_\_\_

Student ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

COMPLETE THE APPROPRIATE COMPLETE TW

(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: \_\_\_\_\_