



Student Health Services

REQUEST FOR EXEMPTION FROM IMMUNIZATION REQUIREMENT: RELIGIOUS

I understand Samford University, in accordance with the recommendations of the American College Health Association, requires each student to submit documentation of certain immunizations. I request an exemption from this requirement on the grounds that such immunization(s) conflict(s) with my religious beliefs and practices.

I have been informed of the benefits and risks of immunization against vaccine-preventable diseases and the risks of not being immunized. I understand that, in the event of an outbreak of a vaccine-preventable disease for which I have not been immunized, I may be subject to exclusion from campus at the discretion of the Director of Student Health Services or Vice President of Student Affairs. I agree to assume the risks resulting from declining these vaccines, and I agree to indemnify and hold harmless Samford University from any liability resulting from my declining these vaccines.

THIS FORM MUST BE SIGNED BEFORE A NOTARY

Student Signature

Date

Student Name (print)

SU Identification Number

Signature of Parent or Guardian (if under 19)

Date

Sworn and subscribed before me this _____ of _____ 20_____

Notary Signature

Commission Expires

Notary Seal:

Return completed form to: Samford University Student Health Services
800 Lakeshore Drive
Birmingham, AL 35229-2452