

University of the District of Columbia
University Health Services
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STATEMENT OF EXEMPTION TO IMMUNIZATION LAW
RELIGIOUS BELIEF

I, _____, with student ID # _____ hereby
(Student's name)

certify that the administration of the following vaccine(s) or other immunizing agents are contrary to my religious beliefs (includes a strong moral or ethical convictions similar to a religious belief).

- | | |
|-----------------------------------------------|----------------------------------------|
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Measles |
| <input type="checkbox"/> Tetanus | <input type="checkbox"/> Mumps |
| <input type="checkbox"/> Pertussis | <input type="checkbox"/> Rubella |
| <input type="checkbox"/> Polio | <input type="checkbox"/> Hepatitis |
| <input type="checkbox"/> Varicella | <input type="checkbox"/> Meningococcal |
| <input type="checkbox"/> Other: specify _____ | |

Student signature _____ Date _____

Parent/Guardian signature _____ Date _____

(If student is under 18 years old)

Notary:

Subscribed and Sworn before me this _____ day of _____, 20_____.

_____ Notary's Signature and Seal