



Request for Vaccination Exemption

Please utilize this form to complete either the religious exemption from Commonwealth of Virginia and Christopher Newport University immunization requirements AND/OR for approved medical exceptions to Commonwealth of Virginia and Christopher Newport University immunization requirements.

***Notary Public signature only required for Religious Exemption.**

Student ID (if known)	Last Name	First Name
Cell Phone Number	Email Address (if current student, please use CNU email)	

Religious Exemption* (Notarial Statement/Signature Required)

Select all that apply**: Meningococcal Tetanus Polio Measles Mumps Rubella
Hep B

The administration of immunizing agents conflicts with the above-named student's/my religious tenets or practices. By submission of this document, I understand that in the occurrence of an outbreak, potential epidemic, or epidemic of a vaccine-preventable disease, the State Health Commissioner may order this student's/my exclusion from school for their/my own protection until the danger has passed. I understand I must submit proof of vaccination for any vaccines from which I am not exempted.

Signature of Student/parent/guardian* Date
**Parents/guardians may only sign on behalf of a student younger than 18 years of age*

I hereby affirm that this affidavit was signed in my presence on this ____ day of _____, 20____.

Signature of Notary Public Date

Notary Public Seal

Medical Exemption (requires signature from licensed health professional)

Select all that apply**: Meningococcal Tetanus Polio Measles Mumps Rubella
 Hep B

Other: _____

By submission of this document, I understand that in the occurrence of an outbreak, potential epidemic, or epidemic of a vaccine-preventable disease, the State Health Commissioner may order this student's/my exclusion from school for their/my own protection until the danger has passed. I understand I must submit proof of vaccination for any vaccines from which I am not exempted.

Signature of Student/parent/guardian* Date
**Parents/guardians may only sign on behalf of a student younger than 18 years of age*

I certify that the administration of the vaccine(s) designated above would be detrimental to this student's health. This contraindication is (circle one) permanent / temporary and is expected to preclude immunization until _____, unless an emergency or epidemic of disease has been declared by the Board of Health.

Signature of Licensed Health Professional Date