



# 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.**

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

## **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