

Application for Religious Exemption From Vaccination

INSTRUCTIONS:

1. Form is completed by student of Montclair State University or parent if under age 18
2. All information is required
3. Statement must explain how **your sincerely held religious belief** is in conflict with the vaccine
4. Create an account at [My Health Portal](#) using your **@mail.montclair.edu** and upload the completed and signed form.

Last Name: _____ First Name: _____

CWID (MSU Students only): _____ Cell Phone: _____

Current age: _____ Date of Birth Month: _____ Day: _____ Year: _____ **I am requesting**

exemption from (please check):

Meningitis vaccine Hepatitis B MMR Other Vaccine: _____

Please provide information in support of your religious exemption request in your own

words:

Forms which are incomplete or not signed will not be processed

By signing below I acknowledge:

1. In the event of an infectious disease outbreak, the University may require students without documented evidence of immunization to remain off campus until the outbreak is over.
2. Unvaccinated individuals are subject to campus surveillance testing requirements, exemption from vaccination is not an exemption for testing.
3. I have been provided the information regarding housing restrictions and requirements. **Review Policy: <https://www.montclair.edu/redhawk-restart/>**

Signature of Student: _____ **Date:** _____

Signature of Parent/Guardian if student is under age 18: _____

Date: _____

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