

## 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):**

**COVID-19 vaccine** ☐ **Meningitis vaccine** ☐ **Hepatitis B** ☐ **MMR** ☐

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

***words:***

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**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: [Student COVID-19 Vaccination Policy Effective Summer 2022 and Beyond](#)

**Signature of Student:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Parent/Guardian if student is under age 18:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Updated 04/2022 pmr