

### Request for religious exemptions for immunizations

Last Name, First Name: \_\_\_\_\_ L#: \_\_\_\_\_

Email address: \_\_\_\_\_ DOB: \_\_\_\_\_

As a condition of enrollment, Lafayette College requires students to be immunized against many serious contagious diseases. A student may be exempt from a vaccination if the student has genuine religious beliefs which are contrary to receiving all immunizations.

For consideration of a religious exemption to the immunization requirement at Lafayette please complete the following:

- *Provide a signed written statement detailing the basis of your religious objection to receiving immunizations*

\_\_\_ I request exemption from immunizations due to my religious beliefs. I understand that in the event that I test positive for a contagious disease that is included in the required vaccinations, I may be temporarily excluded from classes, residence halls, and certain events on campus. I fully accept responsibility for my health and remove liability from Lafayette College for these infectious diseases.

Student Name \_\_\_\_\_ Date \_\_\_\_\_  
Printed

Signature \_X\_\_\_\_\_

*For minors:*

Parent Name \_\_\_\_\_ Date \_\_\_\_\_  
Printed

Signature \_X\_\_\_\_\_

**Complete the form with attached statements and submit to your  
Lafayette College Health portal**