

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*
- *Submit documentation from your religious organization supporting the basis of your faith which are contrary to the use of vaccines. This should include a signed statement from your religious leader.*

___ 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**