



Rhodes College

STUDENT HEALTH CENTER

REQUEST FOR AN EXEMPTION FROM IMMUNIZATION REQUIREMENT: RELIGIOUS REASONS

I understand that Rhodes College, in accordance with the Tennessee Code concerning Immunization Against Certain Diseases Prior to School Attendance, requires proof of immunization with two doses of Measles, Mumps, and Rubella vaccines and two doses of Varicella vaccine administered on or after the first birthday. In order to live in on-campus housing, all incoming students 22 years and younger must provide proof of a Meningitis vaccine on or after their 16th birthday.

In accordance with the state and Rhodes College, I request an exemption from this requirement on the grounds that such immunizations conflict with my religious beliefs and practices, which I affirm under the penalty of perjury.

The request must be accompanied by a letter of personal belief AND written attestation of religious contraindication to vaccination by your clergy/spiritual (may not be written by the parent).

THIS FORM MUST BE SIGNED BEFORE A NOTARY.

Date _____ Student ID No. _____

Name _____
(First) (Middle) (Last)

Current Mailing Address _____
(Street, City, State, Zip)

Student's Signature _____

Parent or Guardian Signature _____

(Signature of parent or guardian is required ONLY if student is under 18 years of age)

NOTARY ONLY:

Sworn and subscribed before me this _____ of _____ 20 _____

Notary Signature _____

Commission expires _____

NOTARY SEAL