

Religious Exemption

This form is NOT for medical and nursing students.

Student Name: _____

LU ID: _____ Date of Birth: ____/____/____

I, _____,
Printed name of student

am claiming exemption from the vaccinations listed on the Liberty University Health Record form because the administration of immunizing agents conflicts with my religious beliefs.*

By signing and submitting this form, I certify that I have read the University's information regarding diseases and vaccines found at <https://www.liberty.edu/students/health-services/student-health-records/>. I understand that I might be exposed to others who may be carriers of disease, regardless of their immunization status, and I understand that I am assuming the risk of infection. Furthermore, in the event of an outbreak, I understand that the University reserves the right to exclude me from campus until the outbreak subsides.

Student's Signature *LUID* *Date*

**Does not apply to tuberculosis (TB) screening/testing*