

### Religious Exemption

*This form is NOT for medical and nursing students.*

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*      *Date*      *LUID*      *DOB*

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