

**TOWSON UNIVERSITY – DOWELL HEALTH CENTER**

Tel: 410-704-2466 Fax: 410-704-3715

**Request for Exemption**

**FROM IMMUNIZATION REQUIREMENTS**

Student Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Student's Towson University ID #: \_\_\_\_\_

The administration of immunizing agents conflicts with my bona fide religious beliefs and/ or practices. I understand that if I cannot prove immunity to a vaccine-preventable disease in the occurrence of an outbreak, potential epidemic or epidemic that vaccine-preventable disease at Towson University, the University Health Officer may order my exclusion from classes /university events for my own protection until the risk of communicability of infection has passed or I have been properly immunized.

\_\_\_\_\_  
Signature of student/parent or guardian\*:

\_\_\_\_\_  
\*If student is under 18 yrs. old, must be also be signed by parent or guardian)

Date:

\_\_\_\_\_

I hereby affirm that this affidavit was signed in my presence on

this \_\_\_\_\_ day of \_\_\_\_\_.

Witness/ Notary Public Seal:

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