

University of the District of Columbia  
University Health Services  
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**STATEMENT OF EXEMPTION TO IMMUNIZATION LAW**  
**RELIGIOUS BELIEF**

I, \_\_\_\_\_, with student ID # \_\_\_\_\_ hereby  
(Student's name)

certify that the administration of the following vaccine(s) or other immunizing agents are contrary to my religious beliefs (includes a strong moral or ethical convictions similar to a religious belief).

- |                                               |                                        |
|-----------------------------------------------|----------------------------------------|
| <input type="checkbox"/> Diphtheria           | <input type="checkbox"/> Measles       |
| <input type="checkbox"/> Tetanus              | <input type="checkbox"/> Mumps         |
| <input type="checkbox"/> Pertussis            | <input type="checkbox"/> Rubella       |
| <input type="checkbox"/> Polio                | <input type="checkbox"/> Hepatitis     |
| <input type="checkbox"/> Varicella            | <input type="checkbox"/> Meningococcal |
| <input type="checkbox"/> Other: specify _____ |                                        |

Student signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

(If student is under 18 years old)

Notary:

Subscribed and Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_ Notary's Signature and Seal