Request for Religious or Medical Waiver Form

I, _____________________________________________, hereby request a religious or medical Exemption from mandatory immunization as provided for in New Jersey Administrative Code 8:57-6, Higher Education Immunization, for the following reasons: (medical waiver must include a note from a physician stating reason for exemption)

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Signature of Student (18 years or older)   Student ID number

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Signature of parent/legal guardian (student under 18 years)

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Date

Immunizations/ID June 2015