

## Request for Religious or Medical Waiver Form

I, \_\_\_\_\_, hereby request a religious or medical exemption from mandatory immunization as required per 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)

---

---

---

---

---

---

---

---

---

Signature of student 18 years or older

---

Signature of parent/legal guardian under 18 years

---

Date