

Religious Vaccine Exemption Form

Wagner College Center for Health and Wellness

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PLEASE READ ATTACHED VACCINE INFORMATION SHEETS COMPLETELY BEFORE SIGNING BELOW!

I, _____, hereby state that I have chosen not to receive vaccinations for the following disease(s) as immunizations violate my religious beliefs.

In the lines provided below, please detail your religious reason for declination of the following vaccine(s).

Please check all that apply:

- ☐ Covid-19
☐ Influenza

By signing below, I acknowledge that I understand the information that has been provided to me regarding the disease(s) indicated above. I understand the risk of not receiving the vaccine(s). I have decided that I (my child) will not obtain immunization(s) against the disease(s) indicated above. I accept full responsibility for my (my child's) health and I release Wagner College Center for Health & Wellness and supporting personnel from liability resulting from refusal.

Signature: _____ **Date:** _____

(Parent/Guardian if student is a minor)

Student name: _____ Date of birth: ____/____/____

(Printed)

E-mail Address: _____ ID#: _____

Address: _____

Phone Number: _____