



Department of
Student Health and Wellness

RELIGIOUS EXEMPTION

***Does not apply to tuberculosis (TB) Screening/Testing or COVID**

Student Name: _____

University ID: _____ Date of Birth: ____/____/____

The administration of immunizing agents conflicts with the above named student's/my religious tenets or practices. I understand, that in the occurrence of an outbreak, potential epidemic or epidemic of a vaccine-preventable disease at the University of Virginia, the State Health Commissioner may order my/my child's exclusion from school, for my/my child's own protection, until the danger has passed.

Signature of Student or Parent/Legal Guardian

Date