

B. APPLICATION FOR RELIGIOUS EXEMPTION TO IMMUNIZATION REQUIREMENTS OF INSTITUTIONS OF HIGHER EDUCATION.

Section 4 of Act 141 reads as follows:

The provisions of this Act shall not apply if the individual furnishes to the college or university written proof from a church or denomination official that such immunization conflicts with the religious tenets and practices of such recognized church or religious denomination of which said individual is an adherent or member.

To claim a religious exemption, students must demonstrate that the "religious tenets and practices" on which they base their objections to immunization are those of a "recognized" religion. Such evidence as a permanent address, existence of a written constitution or plan of organization, a written theology or statement of beliefs, certification of tax-exempt status, and copies of legal documents filed with any governmental agency will be considered. Students must also submit an explicit and specific statement of the church's or denomination's condemnation or disapproval of immunization, demonstrating why immunization is not allowed or approved. Personal or philosophical opposition to immunization without this specific doctrinal conflict is not a valid basis for an exemption.

Name of Church or Religious Denomination

ADDRESSES:

National Headquarters

Local Affiliate

CHURCH OFFICIAL:
(Type or Print)

Name

Title

Address

Phone

- 1. Please attach a copy of your doctrine or that part of it which specifies that immunizations conflict with the tenets and practices of your church or religious denomination and explain how this conflict is derived.
- 2. Please attach a copy of any legal documents filed with a local, state or national governmental agency.

DECLARATION

This is to certify that immunization conflicts with the religious tenets and practices of _____

(Name of Church or Religious Denomination)

of which _____

(Student's Name)

(Address:Street/City/State/Zip)

(Phone)

is an adherent or member. _____

Signature of Church or Denomination Official

State of _____ County of _____ on this _____

day of _____, 19 _____ personally appeared before me the said named

_____ to me known and known to me to be the person described in and who executed the foregoing instrument and he (or she) acknowledges that he (or she) executed the same and being duly sworn by me, made oath that the statements in the application are true.

SEAL

Signature of Notary Public _____

My Commission expires _____