

**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 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:

\_\_\_\_\_

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 the 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 immunizations conflicts with the religious tenets and practices of \_\_\_\_\_

\_\_\_\_\_  
(Name of Church or Religious Denomination)

of which \_\_\_\_\_

(Student 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 \_\_\_\_\_, 20 \_\_\_\_

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: \_\_\_\_\_