

University Health Center

Southern Adventist University
PO Box 370, Collegedale, TN 37315
Phone: 423.236.2713 Fax: 423.236.1713

REQUEST FOR A RELIGIOUS EXEMPTION FROM IMMUNIZATIONS

Name: _____ SAU ID: _____ DOB: _____

I understand that Southern Adventist University, in accordance with the state of Tennessee law, requires proof of immunization of 2 MMR and 2 Varicella or proof of immunity to the disease.

Philosophical, political, scientific, or sociological objections to immunizations do not qualify for an exemption under state law.

Moreover, the School of Nursing and Physical Therapy Assistant programs require immunizations as part of their entrance requirements.

However, I request an exemption from immunizations, pursuant to Tennessee Code 49-6-5001, because they conflict with my religious tenets and the practices of a recognized religious denomination of which I am an adherent or member of, or immunizations conflict with my personal and sincerely followed religious beliefs.

This form must be signed before a Notary.

I declare under penalty of perjury that the above information is true and correct.

Student Signature

Date

Signature of Parent/Legal guardian required, if student is under the age of 18

Date

Subscribed and Sworn before me this _____ day of _____, 20_____

Notary signature

State of: _____

My commission expires: _____