

**Statement of Exemption to University of Redlands Vaccine Requirement  
ALL VACCINES**

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent or Guardian (if under 18) \_\_\_\_\_

Address \_\_\_\_\_

Telephone (    ) \_\_\_\_\_

I have been given a copy and have read, or have had explained to me, the information in the Meningococcal, Varicella, Hepatitis B, Measles-Mumps-Rubella, and Tetanus-Diphtheria Vaccine Information Statements. I have had a chance to ask questions that were answered to my satisfaction. I believe I understand the benefits and risks of the vaccines required. However, I am requesting exemption from the University of Redlands vaccination requirement.

**Medical Exemption**

The physical condition of the above named student is such that immunization would endanger life or health.

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

**Religious or Other Exemption**

I, \_\_\_\_\_, adhere to a religious belief **or** have another belief opposed to such immunization. State your reason for requesting a religious or other exemption.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature(if under 18) \_\_\_\_\_ Date \_\_\_\_\_