1101 Camden Avenue, Holloway Hall Room 180 • Salisbury, MD 21801 410-543-6262 • Studenthealth@salisbury.edu

Name:	
Student ID:	Date of Birth:
COMPLETE THE APPROPRI+ MPLI	
(200.19	and older)
	eliefs and pract ces, I object to any vaccine(s). This exempt on does not apply during
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Signad:	Date:
orgined.	Date
(age 17	and younger)
	e child ident f ed above. Because of my bona f de religious beliefs and pract ces, I given to my child. This exempt on does not apply during an emergency or epidemic of
Name:	Relat on to Student:
	Date·