



University of Lynchburg

NOTARIZED CERTIFICATE OF RELIGIOUS EXEMPTION

Name: _____ DOB: _____ Student ID: _____

Student Statement: In the space below, please describe the following: (1) your sincerely held religious belief or practice that is the basis for your request for a religious accommodation; and, (2) how your sincerely held religious belief or practice conflicts with the University of Lynchburg vaccination requirement. If additional space is needed, please attach additional pages.

The administration of immunizing agents conflicts with the above name student's/my religious tenets or practices. I understand that in the event of an outbreak, potential pandemic or epidemic of a vaccine-preventable disease, the University may order this student's/my exclusion from school, for their/my own protection, until the danger has passed.

____ I agree to engage in reasonable risk mitigation practices as required by the University (including the use of PPE, entry testing, and submission to regular screening tests).

____ I agree to immediately notify the University Health Center if I test positive for a vaccine preventable disease or have a known or suspected exposure to someone with the disease.

____ I understand that I may be asked to leave campus to isolate or quarantine if required by the University or the Department of Health

____ I understand, that in the occurrence of an outbreak, I may be asked to leave campus for my own protection and the protection of others until the danger has passed

____ I agree to assume the risk that I may be exposed to, and become sick from a vaccine preventable disease and to hold the University and its employees harmless from the consequence or effects caused by such an illness.

Signature of student or guardian if student under 18 **Date**

I hereby affirm that this affidavit was signed in my presence on:

This _____ Day of _____, 20____ In the city/county/state of _____

Notary Signature _____ My commission expires _____

Notary Public Seal