



**VACCINE WAIVER FOR RELIGIOUS EXEMPTION – Florida Campus**

**Date:** \_\_\_\_\_

**Dear Student:**

**If you are requesting an exemption from fulfilling the required vaccination(s) for religious reasons, you must read and sign this form. In addition, you must complete the required student health history form, and provide letter from your church or a personal letter from you stating this is your personal religious tenet.**

**I certify that immunizations violate my religious practices and tenets. Therefore, I request that I be enrolled at Davis College without the immunizations required by the Florida Board of Education and Davis College. I understand the risks associated with failing to be immunized and request exemption from these requirements. I also understand that I may be excluded from attending classes or other activities at Davis College Florida Campus for the duration of a vaccine preventable disease outbreak which can last up to 21 days after the last case is detected at Davis College Florida Campus. I will not be offered any other vaccines that are currently available or may become available. Electing to receive other vaccines will negate my religious exemption status.**

**I agree that I shall be solely responsible for any costs associated with my exclusion from classes or College activities. I am aware that should such exclusions affect my grades and attendance records, I will be ineligible to apply for either a medical course drop or medical withdrawal due to a situation or situations resulting from a vaccine preventable incident.**

\_\_\_\_\_  
**Students Name (Print)**

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Signature of Parent/Guardian (If under 18)**