



Kean Wellness Center Student Health Services
1000 Morris Ave. Union, NJ 07083 | Downs Hall, Room 126
Tel: (908) 737-4880 | Email: studenthealthservices@kean.edu
To submit this form, go to kean.studenthealthportal.com

STUDENTS REQUESTING AN EXEMPTION FOR RELIGIOUS REASONS

Instructions: Write your initials for each appropriate provision as acknowledgement that you have read and understand each one. Provide your written statement for religious exemption in the space below.

I, Name of Student (Print): _____, am requesting a **Religious Exemption** to the immunization requirements set forth by the State of New Jersey based on my religious objections as pursuant to N.J.A.C. 8:57-6.15.

INITIAL HERE: _____ I have provided a written statement signed by me (if over age 18), or by my parent or legal guardian if a minor, explaining how the administration of immunizing agents conflicts with my bona fide religious beliefs. Note that a general philosophical or moral objection is not sufficient for an exemption on religious grounds. Also, restatement of or copying N.J.A.C. 8:57-6.15 is NOT sufficient for an exemption on religious grounds.

Please provide your written statement here:

INITIAL HERE: _____ I am aware that in the event of an outbreak or threatened outbreak of a vaccine preventable disease, I may temporarily be required to remain off campus, including exclusion from housing, classes and extracurricular activities until the outbreak or threat of outbreak is over.

Name of Participant (Print): _____ Kean ID #: _____

Signature of Participant: _____ Date: _____

Name of Parent/Guardian (Print): _____ Date: _____

Signature of Parent/Guardian (if under 18 years old): _____