

Request for Religious or Medical Waiver Form	
l,	_, hereby request a religious or medical
exemption from mandatory immunization as requ	ired per New Jersey Administrative Code
8:57-6, Higher Education Immunization for the follows:	owing reasons: (medical waiver must include
a note from a physician stating reason)	
Signature of student 18 years or older	•
Signature of parent/legal guardian under 18 years	
Date	