Mississippi State University Student Health Services Religious Exemption Form

Name:	Date of Birth:
First Last	
MSU ID (Required):	Student Telephone Number:
	ippi State University's ("MSU") vaccination requirements. By signing digenuine religious tenants, beliefs, and/or practices that conflict Immunization requirement:
□ Measles/Mumps/Rubella (MMF	2)
	and safety issues associated with failure to obtain required nyself unprotected from certain vaccine-preventable diseases, such
occurs for which I am unimmunized, from campus and not permitted to r	on is granted and if an outbreak of a vaccine-preventable disease jeopardizing the University community, that I shall be excluded eturn until the MSU Executive Director of University Health Irn, or at such time I provide proof of effective immunization for juestion.
I understand that if I am considered completing the TB screening require	an International student by MSU, I am still responsible for d by the University.
University. I understand that this exc not limited to, access to medical fact service, or internships at third-party impact my field of study, academic p granted, I agree to waive all claims of	emption applies only to my class-enrollment at Mississippi State emption is in no way effective for any other purpose including, but ilities, programs, residencies, clinical placements, community agencies or entitles. I understand that my non-immunization may progress, and/or matriculation. Further, if this exemption request is of liability against MSU and its agents, and to hold MSU and its age of the vaccine-preventable diseases for which I have sought
I understand that Mississippi State L documentation to support my belief	University may request that I provide further information and/or is and my need for an exemption.
Student Signature*: Date:	
*If Student is under the age of 21 and also sign this form:	t the time this form is signed, then a parent or legal guardian must
Parent/Legal Guardian Signature: Date:	