



George Mason University Certificate of Religious Exemption

Student Name: _____ **Date of Birth:** _____

Student ID Number (G#): _____

The administration of immunizing agents conflicts with the above-named student's/my religious tenets or practices. I understand that if the Board of Health has declared an emergency or epidemic of disease, I may still be required to be vaccinated in order to remain enrolled at George Mason University.

Signature of Student or Parent/Guardian

Date