



**Old Dominion University
Certificate of Religious Exemption**

Legal First Name

Legal Last Name

Date of Birth

UIN(if applicable)

The administration of immunizing agents conflicts with my religious tenets or practices and I will not be receiving the vaccine at this time.

Signature

Date

I hereby affirm that this affidavit was signed in my presence on

This _____ Day Of _____

Notary Public Seal