



Notre Dame of Maryland University Immunization Exemption Form

Student Health Services

Student Information

Full Name: _____

Date of Birth: ____/____/____

Student ID: _____

Phone/Email: _____

Program/Year: _____

Section A: Medical Exemption (To be completed by a licensed healthcare provider)

The student named above has a valid medical contraindication to one or more required immunizations.

- Condition: ☐ Permanent ☐ Temporary (expires: ____/____/____)

- Vaccine(s) exempted: _____

Provider Name: _____

Provider Title: _____

Signature: _____ Date: ____/____/____

Phone: _____

Section B: Religious Exemption (To be completed by student if 18+ or parent/guardian if under 18)

I affirm that, due to my bona fide religious beliefs and practices, I object to immunization(s).

- This exemption applies for the duration of my enrollment, unless my status changes.
- I understand that personal or philosophical belief exemptions are not accepted under Maryland law or university policy.

Signature of Student (or Parent/Guardian if under 18): _____

Date: ____/____/____

Section C: Acknowledgement

By signing, I understand that:

- Medical exemptions must be renewed if temporary and expire on the date specified.
- Religious exemptions remain valid for the duration of enrollment unless status changes.
- Students with exemptions may be subject to exclusion from classes, housing, and campus activities in the event of an outbreak, as required by Notre Dame of Maryland University and the Maryland Department of Health (Notre Dame of Maryland University, n.d.-c; Maryland Department of Health, 2025).

Upload form to:
Magnus Health