



WEST LIBERTY UNIVERSITY

STUDENT HEALTH SERVICES

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AFFIDAVIT FOR RELIGIOUS EXEMPTION FROM MEASLES, MUMPS, RUBELLA (MMR) IMMUNIZATION REQUIREMENT

STATE OF _____

COUNTY OF _____ to-wit:

I, after being duly sworn, state as follows:

1. I am a student or prospective student of West Liberty University and through my program and course of study, I am subject to an MMR requirement
2. I have a sincerely held religious belief that prevents me from receiving the MMR immunization.
3. Specifically, my sincerely held religious belief that prevents me from receiving the MMR immunization is described as follows:

Therefore, I require a religious exemption from the MMR immunization requirement.

Further, the affiant sayeth not.

Signature: _____

Print Name: _____

Subscribed and sworn to before me on this ____ day of 202 __, by

NOTARIAL SEAL

Notary Public

My commission expires: _____

PLEASE UPLOAD THIS COMPLETED FORM TO
YOUR STUDENT HEALTH PORTAL

. WLU is an EEO/Affirmative Action Employer — Minority/Female/Disability/Veteran.