

As of 8/1/23, this form is required for all students requesting a religious exemption. An immunization exemption is solely for admission purposes and may impact a student’s ability to meet the requirements of their major. *Full form must be completed.*

**To be completed by student or legal guardian (if student is under 18):**

**Student:** \_\_\_\_\_ **ID#:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**I am requesting religious exemption from the following immunizations:**

- |   |  |
|---|--|
| <input type="checkbox"/> Measles, Mumps, and Rubella (MMR)                    | <input type="checkbox"/> Other Vaccine(s): _____ |
| <input type="checkbox"/> Tetanus, Diphtheria, Pertussis (DTP, DTaP, Td, Tdap) | <input type="checkbox"/> All Immunizations       |
| <input type="checkbox"/> Meningococcal Conjugate                              |  |

**To receive a religious exemption, you must provide a signed statement by yourself (or your parent or guardian, if you are a minor) detailing your objection to immunizations on religious grounds. The objection must set forth the specific religious belief that conflicts with the immunization. The religious objection may be personal and need not be directed by the tenets of an established religious organization. General philosophical or moral reluctance to allow immunizations will not provide a sufficient basis for an exception to statutory requirements. Please provide this below. If additional space is needed, please attach additional page(s).**

---

---

---

---

---

---

---

---

- I understand that I may be excluded from the University in the event of a disease outbreak in accordance with the Illinois Department of Public Health recommendations if I am not immune to certain diseases, such as those listed above
- I understand that not following vaccination recommendations may endanger the health or life of the unvaccinated student, others with whom they come in contact with, and individuals in the community. I accept responsibility not to receive vaccines as recommended.

**Student Signature:** \_\_\_\_\_ **Legal guardian signature (if student is under 18):** \_\_\_\_\_

**To be completed by healthcare provider\*:**

**Provision of information:** I have provided the student or legal guardian of the student (if under 18 years of age) named above, with information regarding 1) the required immunizations, 2) the benefits of immunization, and 3) the health risks to the student and to the community from the communicable diseases for which immunization is required in Illinois. I understand that my signature only reflects that this information was provided; I am not affirming the student or legal guardian’s religious beliefs regarding any immunization or immunizing agent.

<b>*Healthcare Provider Signature:</b> _____	<b>Address:</b> _____
<b>Provider Name:</b> _____	_____
<b>Date:</b> _____	<b>Phone Number:</b> _____

\*Healthcare provider includes physicians licensed to practice medicine in all of its branches, advanced practice nurses, or physician assistants.