



**STUDENT
HEALTH
SERVICES**
C H A N N E L
I S L A N D S

IMMUNIZATION REQUIREMENT EXEMPTION FOR RELIGIOUS REASONS CLEARANCE FORM

STUDENT NAME:	STUDENT ID:
STUDENT EMAIL:	STUDENT PHONE NUMBER:

On the basis of:

Religious reasons, I request an exemption from the immunization requirement. I was offered the opportunity to speak to a Student Health Center clinician, or referred to community resources on where I can receive the vaccine to comply with the requirement, but decline to do so at this time.

I understand that in the case of an outbreak, I may be temporarily excluded from classes and/or campus. I fully understand the implications of my decision.

Signature: _____ Date: _____

If you are a minor, your parent or legal guardian must sign below:

Parent/Legal Guardian Name: _____

Parent/Legal Guardian Signature: _____

Date: _____