

Religious Vaccination Exemption Request Form

To assist with the decision regarding an exemption for the [COVID-19](#) or [MMR](#) vaccine, please address the elements listed below. Your information will be reviewed by Health Services and University Ministries staff and may require further communication. University Ministries is also available to walk with you through this discernment process. This form should be filled out and signed by the student, or the parent or guardian if the student is under 18.

Student Last Name		Date of Birth (mm/dd/yyyy)	
Student First Name		Student Phone	
Student Middle Initial		SPU ID #	

1. Explain in your own words, why you are requesting a religious exemption and for which vaccine.

2. Attach either a letter or material(s) supporting your rationale. Select the box next to the option you are choosing, which may include:

Option 1: A letter from an authorized representative of the church, mosque, temple, religious institution, etc. that you attend or authorized literature that explains doctrine/beliefs that prohibit immunization.

Option 2: A letter including the following:

- Note the religious principles that guide your objection to the immunization(s).
- Indicate whether you are opposed to all immunizations, and if not, the religious basis for the specific vaccine.
- Any other pertinent documents and sources that reflect your sincerely and genuinely held religious objections to immunization.

Student or Parent/Guardian (if student is under 18) Declaration

I have reviewed information on the risks and benefits of the vaccines indicated above. I understand that not receiving the vaccine for these viral illnesses may increase risk for infection for myself and others. I understand that SPU reserves the right to isolate or quarantine individuals or exclude individuals from campus if they have symptoms of, exposures to, or test positive for the infections associated with these vaccines, or are at increased risk for these infections during an outbreak. **If approved, this exemption is good for one academic year and must be renewed annually prior to the start of the fall academic term.**

Student's Name (Print): (or Guardian, if student is under 18)	
Student's Signature: (or Guardian, if student is under 18)	
Date:	

All sections and fields must be completed for the exemption request to be reviewed. Once completed, students should upload the signed form to the Upload section in the [Patient Portal](#). Contact Health Services at healthservices@spu.edu with questions. Upon review, Health Services will notify you as to the approval or denial of your request.