



RELIGIOUS EXEMPTION REQUEST FORM

Please upload completed form to your WellCat Health Center Patient Portal

Student's Full Name: _____ Date of Birth: _____

Student ID: _____ Phone Number: _____

A religious belief means:

1. A sincerely held religious belief, observance, or practice, which includes any traditionally recognized religion, or
 2. Beliefs, observances, or practices which an individual sincerely holds and that occupy a place of importance in that individual's life, comparable to that of traditional recognized religions.
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I, _____ declare that I have a religious belief that prohibits me from receiving the following immunization(s):

Hepatitis B (Hep B)

Measles, Mumps, Rubella (MMR)

By signing this Religious Exemption Form, I hereby attest that this is true and accurate. I understand that making a false statement could subject me to discipline.

Signature: _____ Date: _____

Please initial next to the statement, signifying your understanding of this additional information.

_____ I understand that, in the event of an outbreak, I may be excluded from campus. This includes classes, activities, on-campus services, etc. I understand that I will need to provide proof of immunization should I wish to attend campus should an outbreak occur.