

REQUEST FOR RELIGIOUS EXEMPTION TO IMMUNIZATIONS

LAST NAME:	FIRST NAME:	MI:
STUDENT ID (8-DIGITS):		DATE OF BIRTH:
UCHICAGO E-MAIL:		

This form is to be submitted for a religious exemption to the State of Illinois and University of Chicago’s immunization requirements. Its purpose is to establish the religious basis for your request since the State permits exemptions on the basis of a sincere religious belief under the [College Student Immunization Act](#), which requires the submission of a **written and signed statement stating you have sincere and genuine religious beliefs which prohibit you from receiving immunizations**. Please upload this completed form to your [my.WellnessPortal](#).

In the area provided below, please write your statement. This statement must address all the following elements:

- Explain in your own words why you are requesting this religious exemption
- Describe the religious principles that guide your objection to immunization
- Indicate whether you are opposed to all immunizations, and if not, the religious basis that prohibits a particular immunization(s).

By signing below, I verify that I have received information recommending immunizations and understand immunizations are required for admission by the State of Illinois and the University of Chicago. I also acknowledge that I may be placing myself and others at risk of serious illness should I contract a disease that could have been prevented through proper vaccination. Due to the above stated reasons, I have elected to not take the vaccine(s). The University of Chicago will not be held liable in the event I contract a vaccine preventable disease on campus. I understand I may be treated as susceptible, advised to be immunized, and possibly barred from campus until such time as may be specified by a healthcare provider, the Illinois State Department of Health, and the Chicago Department of Health.

 Printed Name of Student (or guardian)

 Signature of Student (or guardian)

 Date