

## Religious Exemption from Immunization

Name (printed) \_\_\_\_\_ SS# or Student ID# \_\_\_\_\_

Date of birth \_\_\_\_\_

Address: (local) \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Contact Number: \_\_\_\_\_

I am a member of a church or religious sect and believe immunizations are in conflict with my religious tenets or practices. I request an exemption to immunization for measles, mumps, rubella, meningitis and hepatitis. Therefore, I request that I be enrolled in school without the immunizations required by Florida Institute of Technology.

I have had explained to me and understand the risks associated with not obtaining vaccinations for these infections for which immunizations are required for school admittance/attendance.

I understand that as I have not been immunized against these vaccine preventable diseases, I will be excluded from attending classes, being on campus, living on campus or participating in campus events for the duration of a vaccine-preventable disease occurring within the Florida Tech community. In such a case, the current University policy for withdrawing or requesting an incomplete grade will apply. This exclusion will extend until twenty-one (21) days after the last case is detected at the university. I agree to keep the Holzer Student Health Center updated with my phone number or change of address should they need to contact me in this event.

I understand the TB (tuberculosis) Skin Test or Blood Test is not a vaccine and is not allowed to be waived due to religious or personal beliefs.

Student Signature (if over 18) \_\_\_\_\_ Date \_\_\_\_\_

(After attending counseling)

Parent signature (if under 18) \_\_\_\_\_ Date \_\_\_\_\_

Notary Signature and Seal:

\_\_\_\_\_

Signature of Health Center Director/Administrator documenting counseling:

\_\_\_\_\_ Date \_\_\_\_\_