

SEATTLE UNIVERSITY

RELIGIOUS EXEMPTION TO IMMUNIZATION

Student Name _____

Date of Birth ____/____/____ SU ID # _____
Month Day Year

PART 1: TO BE COMPLETED AND SIGNED BY STUDENT (**and** parent/legal guardian if under 18 years old)

I am opposed to immunization based on my religious beliefs. If there is an outbreak of a vaccine-preventable disease that I have not been immunized against, or I am exposed to a vaccine-preventable disease that I have not been immunized against, I may be excluded from school until the outbreak or recommended quarantine/isolation period is over. I may also be subject to regular testing for certain vaccine-preventable diseases against which I have not been immunized. In addition, I may also be required to wear a face covering in accordance with university, state, or local guidelines. I understand the risks and possible outcomes of my decision to exempt myself and hereby release Seattle University and employees from any and all liability related to me waiving the SU immunization requirement. I do not want to receive the following vaccine(s):

Name of Vaccine(s) _____

Student's Signature Date signed

(If under 18 years old)

Name of Parent/Guardian _____

Parent/guardian's Signature

Date signed

PART 2: TO BE COMPLETED BY HEALTHCARE PRACTITIONER

I declare that I have discussed the benefits and risks of immunization with the above-named individual.

Vaccine(s): _____

Licensed Healthcare Practitioner Name (print)

Phone number

Licensed Health Care Practitioner Signature

Date

☐ MD ☐ DO ☐ ARNP ☐ PA

License number

State