

Student Health Services5500 N. St. Louis Avenue
Chicago, IL 60625-4699

Room E051

Phone: 773-442-5800

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RELIGIOUS EXEMPTION TO REQUIRED IMMUNIZATIONS

Student Name: _____

NEIU Student ID No. _____ Date of Birth: _____
Month/date/year**Exemption requested for:**

Tetanus, diphtheria, acellular pertussis (TD or Tdap) vaccine _____

Measles-Mumps-Rubella (MMR) vaccine _____

Meningococcal conjugate (Meningitis) vaccine _____

Information regarding religious exemptions:

A student may be exempted from the immunization requirements upon acceptance by the Student Health Services office of a written and signed statement by the student detailing the student's objection to immunization on religious grounds. The objection must set forth the specific religious belief that conflicts with the immunization. The religious objection may be personal and need not be directed by the tenets of an established religious organization. General philosophical or moral reluctance to allow immunizations will not provide a sufficient basis for an exception to statutory requirements.

IL Administrative Code: Title 77, Chapter I, Subchapter k, part 694 section 100 (JCAR: 77.I.k.694.100)

IL Administrative Code: Title 77, Chapter I, Subchapter k, part 694 section 210 (JCAR: 77.I.k.694.210)

Please describe your religious objection below:

Religious Exemption Notice:

No individual is required to have an immunization that is contrary to their religious beliefs. However, not following vaccination recommendations may endanger the health or life of the unvaccinated student, others with whom they come in contact, and individuals in the community. In a disease outbreak, or after exposure to any of the diseases for which immunization is required, schools may exclude individuals who are not vaccinated in order to protect all students.

I acknowledge that I have read the above religious exemption information. I hereby request the religious exemption to the Immunization Requirements. I verify that all documentation presented is current and accurate. I also understand that I am subject to the repercussions of falsifying information as outlined in the Northeastern Illinois University Student Code of Conduct.

Student Signature: _____ Date: _____

Health Care Provider- Complete this section:

Provision of Information: I have provided this individual with information regarding 1) the required immunizations and screening, 2) the benefits of immunization and screening, 3) the health risks to the student and to the community from the communicable diseases for which immunization is required in Illinois. I understand that my signature only reflects that his information was provided; I am not affirming the individual's religious beliefs regarding any examination, immunization, or immunizing agent.

Provider Signature: _____ Date: _____

Provider Name: _____ Phone No: _____

Provider Address: _____