



Counseling, Health, & Wellness Services
 1500 N. Warner St. #1035
 Tacoma, WA 98416-1035

CERTIFICATE OF EXEMPTION – RELIGIOUS

Name of Student:	Date of Birth:
ID#	Primary Phone:
Name of Parent/Guardian (if under 18):	Student/Parent home address:
Student local address/residence hall:	Student email:

NOTICE: In order to be considered for an exemption from the university’s vaccine requirements, a student must submit this completed form to Campus Health and Wellness Services, including providing information that supports their sincerely held religious belief that prevents them from getting a specific vaccination. This form must be completed and signed by the student, and parent/guardian for students under the age of 18. In the event of an outbreak, a student whose exemption request is approved may be excluded from class or other campus activities, or asked to leave campus, until the student has proof of immunity or the outbreak is over. No exceptions to standard University policy for tuition adjustments or refunds would be available in those circumstances. The student must follow all other health and safety practices established by the university for unvaccinated individuals. Following approval, the student must meet with a CHWS staff member to review exemption requirements.

Vaccine	Religious Participation	Religious Belief
<input type="checkbox"/> COVID-19 Vaccine <input type="checkbox"/> MMR Vaccine	<input type="checkbox"/> I affirm I am a member of a church or religion whose teaching does not allow health care practitioners to give medical treatment to me/my child; and/or <input type="checkbox"/> I participate in a religious community/ identity that specifically has a local or general objection to the MMR or COVID-19 vaccine.	<input type="checkbox"/> I affirm that one or more of the required vaccines are in conflict with my religious beliefs. I have discussed the benefits and risks of immunizations for me/my child with my health care practitioner.

Please describe (1) the religious teaching and/or local or general objection to the MMR and/or COVID-19 vaccine relevant to your participation in your religious community/identity, and/or (2) how your sincerely-held religious belief (including any religious observance or practice) prevents you from receiving the vaccine. (Attach additional sheets as needed.)

Student Declaration (Parent/guardian signature required if student is under the age of 18):

I am aware if an outbreak of vaccine-preventable disease occurs for which I am exempted, I may be excluded from class or other campus activities, or asked to leave campus, until I have proof of immunity or the outbreak is over. No exceptions to standard University policy for tuition adjustments or refunds would be available in those circumstances. I further understand that I must follow all other health and safety practices established by the university for unvaccinated individuals. Following approval of the exemption, I understand I will be required to meet with a representative from CHWS to review the current health and safety standards required by the university.

Student signature: _____ Date _____

Parent signature: (if student is under 18) _____ Date _____

CHWS and Chaplain's Office Use Only:

Approved _____

Not approved _____

Date student met with CHWS staff _____