



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

**RELIGIOUS EXEMPTION FORM: MMR Vaccine**

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 Counseling, Health & 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 of vaccine-preventable disease, an exempt student may be excluded from class or other campus activities. They may be asked to leave campus, until the student has proof of immunity, until they have completed the quarantine process, or until the outbreak is over.**

**If you are pursuing a degree in a healthcare field, additional requirements may apply.** No exceptions to standard University policy for tuition adjustments or refunds would be available in those circumstances.

Vaccine	Religious Belief
<input type="checkbox"/> MMR Vaccine	Do you participate in a religious community/identity that specifically has a local or general objection to the MMR vaccine? <input type="checkbox"/> Yes <input type="checkbox"/> No

**Required:** Please attach documentation (additional sheets as needed) to fully explain (1) the local or general objection to the MMR vaccine relevant to your participation in your religious community/identity, and/or (2) how your sincerely-held religious belief, observance, or practice prevents you from receiving the vaccine.

**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.

Student signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent signature: (if student is under 18) \_\_\_\_\_ Date \_\_\_\_\_