



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

**RELIGIOUS EXEMPTION FORM: MMR Vaccine**

Please complete the form below and upload to the CHWS communication portal, [login.pugetsound.edu](http://login.pugetsound.edu) and click on the CHWS Communication tile. Please include your campus exit plan for this form to be complete.

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

**NOTICE:** In order to be considered for an exemption from the university’s vaccine requirements, a student **must submit a campus exit plan**, describing their off-campus transportation and lodging plan in the case of a communicable disease case on campus. If there is a case on campus, vaccine exempt students could be at risk for disease, and will be excluded from class and campus activity for the duration of the outbreak or until immunity information is provided to CHWS. The university will not provide housing for vaccine exempt students during an outbreak. Student will be able to return to campus once one of the following has occurred: proof of immunity provided to CHWS, the quarantine timeframe has ended, or until the outbreak is over. No exceptions to standard university policy for tuition adjustments or refunds would be available in the event of a communicable disease outbreak on campus.

If you are pursuing a degree in a healthcare field, additional requirements may apply.

Type of vaccine for which exemption applies	Religious Belief
<input type="checkbox"/> Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Rubella <input type="checkbox"/> MMR Vaccine	Do you participate in a religious community/identity that specifically has a local or general objection to the MMR?  <input type="checkbox"/> Yes <input type="checkbox"/> No

Please explain fully how the vaccine interferes with your free exercise of your religious rights. (Attach documentation as needed).

Please include your campus exit strategy. If you are required to live off campus due to a communicable disease outbreak, where will you reside? What will be your transportation plan if you choose to return home?

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

I am aware that if there is an outbreak of a vaccine-preventable disease for which I have not been fully immunized against (as identified above), I may be at risk for this disease, and I will be required to modify my participation in university residence and activities, including academic classes. I understand that I will need 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: \_\_\_\_\_