

REQUEST FOR RELIGIOUS EXEMPTION

Student Name: _____ Date of Birth: _____

Student ID#: _____ Phone #: _____

REQUEST FOR RELIGIOUS EXEMPTION:

- | | | |
|--|--|--|
| <input type="checkbox"/> MMR (Measles, Mumps, & Rubella) | <input type="checkbox"/> COVID-19 (SARS-COV-2) | <input type="checkbox"/> Hepatitis B |
| <input type="checkbox"/> Varicella (Chicken Pox) | <input type="checkbox"/> Tdap | <input type="checkbox"/> Meningococcal conjugate |
| | | <input type="checkbox"/> Other _____ |

A. RELIGIOUS EXEMPTION REQUEST

Based on my sincerely held religious belief, observance, or practice, which includes any traditionally recognized religion, or beliefs, observances, or practices that I sincerely hold and that occupy a place of importance in my life, comparable to that of traditionally recognized religions, I am requesting a religious accommodation.

A. Please identify your sincerely held religious belief, observance, or practice, or observance that is the basis for your request for religious accommodation:

B. Please briefly explain how your sincerely held religious belief, practice, or observance conflicts with CSU vaccine Requirements/ Recommendations (EO 803):

C. STUDENT ACKNOWLEDGEMENT:

I understand the risks of refusing to be vaccinated based on my religious beliefs. I understand the risk of contracting diseases that vaccines prevent, and I also understand the risk of transmitting the disease to others. I understand that, if an infectious disease outbreak occurs, an exempt student may not be allowed on campus, and may have to leave the residence hall. I understand these situations will be determined on a case-by case basis, and in consultation with state and local public health guidelines.

Student Signature: _____ Date: _____

Parent Guardian: _____ Date: _____
(if student is under 18 years of age)

For CSUDH SHC USE ONLY

Approved: _____ Denied _____ PnC Entry Date: _____