



# Vaccination Requirement: Student Religious Exemption Request Form

Student Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

School: \_\_\_\_\_ Anticipated Year of Graduation: \_\_\_\_\_

Campus:  Atlanta  Oxford Date of Request: \_\_\_\_\_

All incoming Emory students must meet the CDC and American College Health Association immunization guidelines prior to registration for classes. However, Emory University Student Health Services (EUSHS) is aware that some students have a sincerely held religious belief or practice that is the basis for requesting a religious exemption to vaccination with one or more of the required vaccines. EUSHS requires those students to accept by signature the possible risks associated with refusing vaccination. This process is subject to change in accordance with expert guidelines of the Centers for Disease Control and Prevention and the American College Health Association.

**Reason for the Religious Exemption: Please identify and explain the sincerely held religious belief or practice that is the basis for your requesting this religious exemption and how that belief or practice conflicts with the applicable vaccine requirement:**

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**COVID – 19 Vaccine Primary Series (Health Science Programs Only)**

Emory University requires COVID-19 vaccination of our students to minimize the transmission of COVID-19 and its complications, including death. By interacting with others in person, I could transmit COVID-19 to other students, co-workers, and outside of work to my family and/or friends, even if I have no symptoms. I have received education about the effectiveness of COVID-19 vaccines, as well as possible side effects. I understand that I cannot get COVID-19 from the COVID-19 vaccine. Even though I can receive the COVID-19 vaccine at no charge to myself, I want to request a religious exemption. Finally, I understand that if an outbreak of COVID-19 were to occur on the Emory campus, I could be removed from all campus activities (including residence facilities and classes) until health officials determined that the outbreak was controlled.

I acknowledge my responsibility to request a religious exemption to this vaccine requirement only if necessary and based in my sincerely held religious belief, practice, or observance.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Measles/Mumps/Rubella (MMR) Vaccine**

I understand that Measles, Mumps and Rubella are serious, vaccine-preventable diseases. The CDC, the American College Health Association and Emory University Student Health Services strongly recommend that all college students be vaccinated against Measles, Mumps and Rubella. However, I want to request a religious exemption for MMR vaccination. I understand that by requesting an exemption for this vaccine, I may continue to be at risk of acquiring these diseases. I also acknowledge that I could spread any of these viruses to vulnerable students, others in the clinic waiting area, or to university staff. **I understand that there are blood tests (antibody titers) that I could take that would establish whether I am immune.** Finally, I understand that if an outbreak of Measles, Mumps or Rubella occurs on the Emory campus, and I have not established my immunity by documented vaccinations or by antibody titers, I will be removed from all campus activities (including residence facilities and classes) until health officials have determined that the outbreak is controlled. If, in the future, I want to be vaccinated with MMR vaccine, I understand that I can receive the vaccination series at EUSHS on a fee-for-service basis.

I acknowledge my responsibility to request a religious exemption to this vaccine requirement only if necessary and based in my sincerely held religious belief, practice, or observance.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Hepatitis B Vaccine**

I understand that Hepatitis B virus (HBV) is a serious, vaccine-preventable infection that can be acquired by sexual contact, exposure to blood or other potentially infectious materials or perinatally (via the placenta). The CDC, the American College Health Association and Emory University Student Health Services strongly recommend that all college students be vaccinated against HBV. I acknowledge that HBV can cause liver cancer and liver cirrhosis. However, I want to request a religious exemption for Hepatitis B vaccination. I understand that by requesting an exemption for this vaccine, I may continue to be at risk of acquiring Hepatitis B and if I do acquire HBV, I could transmit it to others. **I understand that there is a blood test (antibody titer) that I could take that would establish whether I am immune.** If, in the future, I want to be vaccinated with Hepatitis B vaccine, I understand that I can receive the vaccination series at EUSHS on a fee-for-service basis.

I acknowledge my responsibility to request a religious exemption to this vaccine requirement only if necessary and based in my sincerely held religious belief, practice, or observance.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Tetanus/Diphtheria Toxoid**

I understand that Tetanus and Diphtheria are serious, vaccine-preventable diseases. The CDC, the American College Health Association and Emory University Student Health Services strongly recommend that all college students be immunized against Tetanus and Diphtheria. However, I want to request a religious exemption for Td immunization. I understand that by requesting an exemption for this immunization, I may continue to be at risk of acquiring these diseases. If, in the future, I want to be immunized with Td toxoids, I understand that I can receive the immunization series at EUSHS on a fee-for-service basis.

I acknowledge my responsibility to request a religious exemption to this vaccine requirement only if necessary and based in my sincerely held religious belief, practice, or observance.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Tetanus/Diphtheria/Pertussis**

I understand that Tetanus, Diphtheria, and Pertussis are serious, vaccine-preventable diseases. The CDC, Emory University and Emory University Student Health Services strongly recommend that all college students receive one adult dose of Tetanus/Diphtheria/Pertussis vaccine (Tdap). However, I want to request a religious exemption for Tdap immunization. I understand that by requesting an exemption for this immunization, I may continue to be at risk of acquiring these diseases. I also acknowledge that I could spread Pertussis to vulnerable students, others in the clinic waiting area, or to university staff. Finally, I understand that if an outbreak of Pertussis were to occur on the Emory campus, I would be removed from all campus activities (including residence facilities and classes) until health officials determined that the outbreak was controlled. If, in the future, I want to be immunized with Tdap, I understand that I can receive it at EUSHS on a fee-for-service basis.

I acknowledge my responsibility to request a religious exemption to this vaccine requirement only if necessary and based in my sincerely held religious belief, practice, or observance.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Varicella (Chicken Pox) Vaccine**

I understand that Varicella (Chicken Pox) is a potentially serious, vaccine-preventable disease. The CDC, the American College Health Association and Emory University Student Health Services strongly recommend that all college students without a history of previous Varicella be vaccinated against the disease. However, I want to request a religious exemption for Varicella vaccination. I understand that by requesting an exemption for this vaccine, I may continue to be at risk of acquiring Varicella. I also acknowledge that I could spread Varicella to vulnerable students, others in the clinic waiting area, or to university staff. **I understand that there is a blood test (antibody titer) that I could take that would establish whether I am immune.** Finally, I understand that if an outbreak of Varicella were to occur on the Emory campus, I would be removed from all campus activities (including residence facilities and classes) until health officials determined that the outbreak was controlled. If, in the future, I want to be vaccinated with Varicella vaccine, I understand that I can receive the vaccination series at EUSHS on a fee-for-service basis.

I acknowledge my responsibility to request a religious exemption to this vaccine requirement only if necessary and based in my sincerely held religious belief, practice, or observance.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Meningococcal Conjugate or Men ACWY Vaccine**

I understand that meningococcal disease is a contagious but largely vaccine preventable infection of the spinal cord fluid and fluid around the brain. I understand that all college students living in residence halls, particularly freshmen, are at a moderately increased risk of contracting meningococcal disease. I understand that meningococcal disease is a serious disease that can lead to death within only a few hours of onset, that 1 in 10 cases is fatal and that 1 in 7 survivors of the disease is left with a severe disability such as loss of limb, mental retardation, paralysis, deafness or seizures. The CDC, the American College Health Association and Emory University Student Health Services strongly recommend that students receive one dose after age 16 of Men ACWY. While Emory University requires Meningococcal ACWY, I understand that two types of meningococcal vaccinations exist (Meningococcal ACWY and Meningococcal B) which will decrease but not totally eliminate, the risk of contracting meningococcal disease. However, I want to request a religious exemption for Men ACWY immunization. I understand that by requesting an exemption for this immunization, I may continue to be at risk of acquiring this disease. I also acknowledge that I could spread Meningitis to vulnerable students, others in the clinic waiting area, or to university staff. I understand that if an outbreak of Meningitis were to occur on the Emory campus, I would be removed from all campus activities (including residence facilities and classes) until health officials determined that the outbreak was controlled. If, in the future, I want to be immunized with Men ACWY, I understand that I can receive it at EUSHS on a fee-for-service basis.

I acknowledge my responsibility to request a religious exemption to this vaccine requirement only if necessary and based in my sincerely held religious belief, practice, or observance.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**☐ Influenza Vaccine (Health Science Programs Only)**

I understand that Influenza is a serious respiratory disease and that each year in the United States it results in hundreds of fatalities and can cause hundreds of thousands of hospitalizations. Influenza vaccination is recommended for me and all other Emory students, faculty, and staff to protect our campus from influenza, its complications, and death. If I contract influenza, I can shed the virus for 24 hours before any influenza symptoms appear. During the time I shed the virus, I can transmit influenza to others. If I become infected with influenza, even if my symptoms are mild or non-existent, I can still spread the virus. Symptoms that are mild or non-existent in me can cause serious illness and death in others. I understand that the strains of virus that cause influenza infection change almost every year and, even if they don't change, my immunity declines over time. This is why yearly vaccination against influenza is recommended. I understand that it is impossible to get influenza from the influenza vaccine. The consequences of my refusal to be vaccinated could have life-threatening consequences for my health and the health of everyone with whom I have contact. If, in the future, I want to be immunized with the Influenza vaccine, I understand that I can receive it at EUSHS on a fee-for-service basis.

I acknowledge my responsibility to request a religious exemption to this vaccine requirement only if necessary and based in my sincerely held religious belief, practice, or observance.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Reference:** Centers for Disease Control and Prevention. Immunization Schedules. Access link to current schedules at <https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html>

**Optional (May expedite processing time)**

In some cases, Emory University will need supporting documentation about your religious practice(s), belief(s), or observance(s), such as oral statements, affidavits, or other documents from your religious leader(s) on why you are requesting the exemption. You may at this time provide documentation from your church or religious organization describing the religious belief, observance, or practice that conflict with the applicable vaccine requirement. This documentation can take many forms, one of which could be, but is not required to be, the attestation below.

**To be completed by a Religious Leader or Authority**

Dear Religious Leader/Authority:

The Emory University student listed above is requesting a religious exemption from the university vaccine requirement. In the space below, please explain how this request demonstrates a sincerely held religious belief, practice, or observance for this person and your advice on whether they should be granted this exemption.

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Name of Religious Leader/Authority (print): \_\_\_\_\_

Title: \_\_\_\_\_

Name of Religious Organization: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature of Religious Leader/Authority: \_\_\_\_\_

Date: \_\_\_\_\_