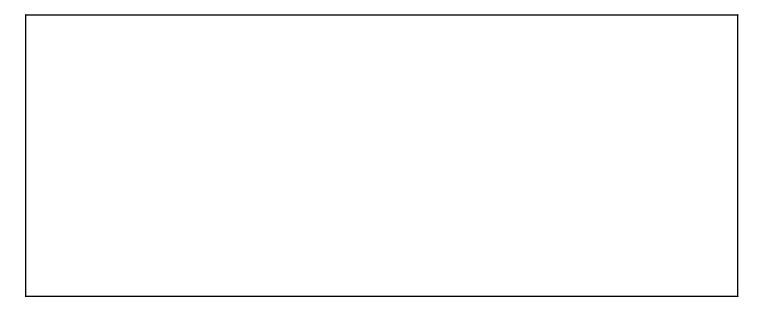
SJSU | STUDENT WELLNESS CENTER

## **RELIGIOUS EXEMPTION REQUEST FORM**

Full Name of Student:	Student's Date of Birth:
SJSU ID#:	Student's Phone Number:

Provide a statement that describes the applicable religious or other comparable belief that is the basis for the Exemption.



Due to religious reasons, I \_\_\_\_\_\_ (print student name) understand that I am

requesting an exemption from the following vaccines:

- □ Measles, Mumps & Rubella (MMR)
- Hepatitis B
- □ Meningococcal conjugate

In active infectious disease outbreak situations, I,\_\_\_\_\_\_(print student name), may not be allowed to come to campus or I may have to leave the residence halls. I understand these situations will be determined on a case by case basis and in consultation with state and local public health officials.

I understand that I will be subject to review and action under the Student Code of Conduct for failure to comply with health safety measures.

Student Signature: _	Date:
Please upload form	to Student Wellness Center patient portal