

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:

- COVID-19
- 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: _____