REQUEST FOR EXEMPTION FROM IMMUNIZATION ON RELIGIOUS GROUNDS

I certify that immunization conflicts with my bona fide religious tenets and practices.

I understand that I am susceptible to vaccine preventable diseases. If at any time there is, in the opinion of the Department of Health, danger of an outbreak or epidemic from any communicable disease for which immunization is required, this exemption from immunization shall not be recognized. I understand that I will be excluded from school until the threat of an epidemic is over or I receive the proper immunization. (Hawaii Revised Statutes •302A-1157).

Name (Please Print)
Birthdate / /
Sahaal/I Inivarsity
School/University
Signature
Date / /