

**University of Hawai'i at Mānoa University Health Services
Policy on Religious Exemptions from Immunization**

Hawaii state law requires certain immunizations and tuberculosis clearance for attendance to all public schools. There are no exemptions from tuberculosis clearance, which consists of a PPD skin tests and, if necessary, chest X-ray.

A religious exemption shall be granted to a student whose parent, custodian, guardian, or other person in loco parentis certifies that the person's religious beliefs prohibit the practice of immunization. Requests for religious exemptions based on objections to specific immunizing agents will not be granted. Students who have reached the age of majority shall apply on their own behalf. If at any time, the Director of Health determines that there is the danger or presence of an outbreak or epidemic from any of the communicable diseases for which immunization is required under this chapter, the exemption from immunization against such disease shall not be recognized and inadequately immunized students shall be excluded from school until the Director of Health has determined that the presence or danger of the outbreak or epidemic no longer exists.

(Hawaii Revised Statutes §§302A-1157)

**University of Hawai'i at Mānoa University Health Services
Request For Religious Exemptions 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)*

Student's Name (please print) _____

Address _____

SSN/School ID # _____ Birth date _____

Student's Signature _____ Date _____

If Student is under 18, please have Parent/Guardian print and sign below.

Parent/Guardian Name (please print) _____

Parent/Guardian Signature _____ Date _____