

Millikin University

Religious Exemption Petition Form

Student statement describing his/her objection to immunization based upon bona fide religious tenets or practice of a recognized church or religious organization, of which the student is an adherent or member. – (To be completed by a parent or guardian if the student is less than 18 years of age).

I affirm that the statement made above truly reflects my beliefs and practices. I understand that should an outbreak of a vaccine preventable disease occur on campus or in the community, I may be required to curtail my normal activities and may be asked to avoid contact with other persons in the interest of public health. I further understand that should I contract a vaccine preventable disease, I will hold the university harmless and will comply with any and all limitations placed upon me by Millikin University or Public Health Officials. I understand that I will be treated no differently than any other person who has not demonstrated immunity to vaccine preventable diseases.

Signature

Date

Name printed

SS# or Millikin ID #

Address

Submit this completed petition to the Office of Student Life, Shilling Hall 205

FOR OFFICIAL USE ONLY

Dean of Student Life Signature

____ Approved ____ Denied
Date _____

Petition will be maintained in the University Health Service office upon completion.