

**Southern Illinois University Edwardsville
Health Service**

IMMUNIZATION EXEMPTION – RELIGIOUS

NAME _____

ID # _____ DATE OF BIRTH _____

I request exemption from the State of Illinois' college immunization requirements on religious grounds. This exemption was approved by the State of Illinois in section 2603, paragraph (d) of P.A. 85-1315. This document fulfills the requirements of section 695.210, subchapter K of IL Administrative Code, Chapter I and is in accordance with the Illinois Department of Public Health.

The specific details of my objection to the immunization(s) are as follows (please provide specific and complete details):

I accept full responsibility for my health, thus removing liability from Southern Illinois University Edwardsville in regard to the state mandated, compulsory immunizations. Furthermore, I understand that in the event of an outbreak of measles, mumps, rubella, tetanus, or diphtheria, I will be required to leave the campus.

I am at least 18 years of age and enter this request for exemption and waiver as a free and voluntary act.

Signature _____

Date _____