

RELIGIOUS EXCEPTION REQUEST FORM

This form should be used by University of California Irvine students to request an Exception based on a Religious Objection to any of the mandatory vaccinations required by the Policy on Vaccination Programs and the Vaccination Program Attachments. Those who are permitted by University Policy and applicable public health directives to decline a vaccination (such as an influenza vaccination) should use the Vaccination Declination Form instead.

Student Full Name (print): _____

DOB (month/day/year): ____/____/____ Student ID#: _____

Does student live on campus? Yes or No Student's UCI Email: _____

Based on my sincerely held religious belief, practice, or observance, I am requesting an Exception to the following immunizations required by the University Policy on Vaccination Programs (list all that apply):

| | |
|----------------------------------|---|
| Measles, Mumps and Rubella (MMR) | Tetanus, Diphtheria and Pertussis (Tdap) |
| Varicella (Chickenpox) | Meningococcal Conjugate Serogroups A, C, Y, & W-135 |

You must answer questions 1 and 2. UCI cannot process your request until it is complete. Question 3 is optional.

Question 1 (required): Please specifically identify your sincerely held religious belief, practice, or observance that is the basis for your request for an Exception as a religious accommodation:

Question 2 (required): Please specifically explain how your sincerely held religious belief, practice or observance conflicts with the University's vaccination requirement as to each of the vaccines for which you have indicated above that you are requesting an exception:

Question 3 (optional): Please provide any additional information that you think may be helpful in processing your request for a religious exception:

While my request is pending and if it is approved, I understand that I must comply with any and all applicable non-pharmaceutical (*i.e.*, behavioral) interventions (*i.e.*, masking or distancing) and vaccine education as specified by my Location or applicable public health directives a condition of my Physical Presence at any University Location/Facility or Program.

I understand that in the event of a disease outbreak, I may be excluded from my Location or the site of the outbreak or subject to additional Non-Pharmaceutical Interventions or Vaccine Education in order to protect the health and safety of myself and others.

I verify the truth and accuracy of the statements in this request form. I understand that all communication regarding this request will be via the UCI Student Health Center's online patient portal and that I must regularly check that portal to receive and respond to communications relating to my request.

Student Signature: _____ Date: _____

Date Received by University: _____ Received By: _____