



IMMUNIZATION EXEMPTION REQUEST - RELIGIOUS

STUDENT INFORMATION

Legal Name: _____ RED ID: _____

Date of Birth: _____ Phone Number: _____

EXEMPTION REQUEST PROCESS

In the interest of maintaining the health and safety of students, employees, guests and all members of campus communities, and in accordance with the California State University Policy (EO 803) on immunization requirements, San Diego State University has implemented immunization requirements. These are conditions of enrollment for all students in undergraduate programs as well as graduate and doctoral programs classified as in-person or hybrid programs.

In accordance with this policy, SDSU students may seek an exemption for medical concerns or due to sincerely held religious beliefs. This process is only required one time. Students will not need to re-submit annually.

Please complete this form in its entirety and submit your completed acknowledgments via the Upload tab on HealtheConnect. Our team will review your submission and respond within 5 business days.

EXEMPTIONS BEING REQUESTED

I am requesting a religious exemption for the following immunization(s):

- Measles, Mumps, Rubella (MMR)
- Hepatitis B
- Varicella (Chickenpox)
- Tetanus, Diphtheria, Pertussis (Tdap)
- Meningococcal conjugate (Serogroups A, C, Y, W-135)
- Meningococcal B

ACKNOWLEDGMENTS

Please initial each of the acknowledgments below.

_____ I understand that religious exemptions may be requested due to either (i) a person's sincerely held religious belief, observance, or practice, which includes any traditionally recognized religion, or (ii) beliefs, observances, or practices which an individual sincerely holds and that occupy a place of importance in that individual's life, comparable to that of traditionally recognized religions.

_____Based on the above, I certify that I qualify for a religious exemption and have not completed the vaccine series indicated, nor do I plan to.

_____I understand that I may be expected to provide supporting documentation to this effect immediately upon request. Supporting documentation is a statement that describes the applicable religious or other comparable belief that is the basis for the exemption.

_____I understand that unvaccinated persons may be at increased risk of developing any of the conditions for which immunizations are required, if exposed to any of these diseases. Information on each of the vaccine-preventable diseases that these immunizations help to prevent or reduce severity is available here: <https://www.cdc.gov/vaccines/vpd/vaccines-diseases.html>.

_____I understand that, for the protection of myself and other community members, I may be excluded from attending classes or in-person University activities for prolonged periods during outbreaks or as a result of exposure to any one of these diseases.

_____I understand that I may be required to take additional health measures by the university or the local health authority based on my immunization status. This may include, but is not limited to wearing additional personal protective equipment, such as facial coverings, regular testing, or modification of participation in University activities.

_____I also understand that SDSU may change its vaccination policy in the future and require additional measures for those who are unvaccinated.

_____I may change my mind at any time and submit documentation of a completed vaccination series and nullify this exemption.

ATTESTATION

I confirm that the information I have provided is accurate and truthful to the best of my knowledge. I also understand that violations of this policy, including dishonesty may be subject to consequences under the Student Conduct Code, as outlined in procedures in CSU Executive Order 1098, Student Conduct Procedures or employee discipline pursuant to California Education Code Section 89535.

(Student Signature)

(Date)