



RELIGIOUS EXEMPTION REQUEST – STUDENT

- I am a student and request a religious exemption from the University’s vaccination requirement.
- I understand that any exemption approved by the University may not exempt me from the vaccination requirements required for my respective program of study or experiential learning at third party sites. Failure to meet program and third-party site requirements may affect experiential scheduling and progress toward graduation.
- I understand that any exemption approved by the University may not exempt me from the vaccination requirements required for travel approved by the Global Engagement Office.
- I understand that any exemption approved by the University may not exempt me from the vaccination requirements required for extracurricular activities.

Student Name (please type or print): _____ **NetID:** _____

Phone Number: _____

To be eligible for a possible exemption, you must first establish that your refusal to be vaccinated is based upon a religious or sincerely held personal belief, practice, or observance. A refusal to be vaccinated does not qualify for an exemption if it is based upon personal preference, concerns about the possible effects of the vaccine, or political opinions.

Please identify your religious or sincerely held personal belief, practice or observance that is the basis for your request for an exemption and how this belief conflicts with the University’s vaccination requirement.

Please identify which vaccine(s) you request exemption from receiving. (List of required vaccines may be found [here](#)):

Please provide any additional information that you think may be helpful in processing your exemption request.

I, _____, declare to the best of my ability that my religious or deeply held personal belief, practice, or observance conflicts with my receiving the above listed vaccinations.

I understand that I may be required to excuse myself from a clinical assignment if I do not have immunity to a vaccine preventable disease and said disease begins to circulate in the community where my clinical rotation is scheduled. In the event I am not able to complete clinical assignments as scheduled, my program of study may need to be modified and my expected graduation date may be delayed.

I understand if I am approved for a religious exemption, I am responsible for taking necessary and prescribed precautions to prevent the spread of communicable diseases.

Student Signature: _____ **Date:** _____

Parent Signature if under 19: _____ Date: _____

Please email completed the document to immunizations@creighton.edu. You can expect a response within seven business days by email. You, and when applicable your health sciences or academic program with an experiential learning component, will also be notified of any enhanced/additional safety measures you must take.

_____ For OFFICE Use Only _____

Approval Date: _____ Signature: _____

Declination Date: _____ Reason for Declination: _____ Signature: _____