RELIGIOUS EXEMPTION FROM INFLUENZA VACCINATION

Employee Name (please type or print): ________________________________________________

NetID: ________________________________________________________________________

Mobile cell phone: ______________________________________________________________________

By signing below, I state and affirm that I am refusing to get an influenza vaccine for religious reasons. I understand that I must provide a written statement signed by an authorized representative of the religion of which I am a member, identifying the conflicting religious doctrine that prevents me from being vaccinated.

________________________________________
Employee’s Signature

________________________________
Date

ATTESTATION

The undersigned, being the ____________________________________________ (title) of the __________________________ (name of religious organization), does hereby state and attest that the employee named above is a member of this religious organization. In our religious tradition, receiving an influenza vaccination would violate the following religious doctrine/principle of our faith:

__________________________________________________________________________

________________________________________
Signature

Printed Name/Title/Contact information (email or phone)

Send Influenza Religious Exception Form to immunizations@creighton.edu for final approval or denial. Once approved, faculty, staff and administrators will be notified by Student Health Education and Compliance.