



**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](mailto:immunizations@creighton.edu) for final approval or denial. Once approved, faculty, staff and administrators will be notified by Student Health Education and Compliance.**