



Student/Faculty Request for Religious Exemption from Vaccination

Name: _____ Date: _____

School: _____ Position/Role: Student/Faculty (circle one)

Please provide a written and signed statement stating you have sincere and genuine religious beliefs which prohibit you from receiving immunizations.

The Kilgore College School of Nursing Clinical site may require additional supporting documentation related to the claimed religious exemptions appropriate to the circumstances. In the area provided below, please write your statement. This statement must address all of the following elements:

- Explain in your own words why you are requesting this religious exemption
- Describe the religious principles that guide your objection to immunization [Please note that philosophical, political, scientific, sociological or other objections to immunization (rather than sincerely held religious beliefs) do not justify an exemption]
- Indicate whether you are opposed to all immunizations, and if not, the religious basis that prohibits particular immunizations

Statement:

I hereby affirm the truthfulness of the provided statement.

Student/Faculty Signature

Date