



Jacksonville University recognizes that receipt of vaccinations may conflict with a student's religious beliefs. If this applies to you, you may request a religious exemption from the vaccination requirement for admission to the University. Please complete the Vaccine Waiver for Religious Exemption Form (on the reverse of this document) and, the appropriate letter as described below.

If you are requesting an exemption from fulfilling the required vaccination(s) based upon religious reasons, you must provide a letter from your church that states that it is the tenet or practice of that church that its members not receive medical vaccinations. No details of the religious tenet or practice are required. Also, the letter must state that you are an active member of the church in good standing. The letter must be written on the church's letterhead and signed by the officiating clergy, and it must include his/her address and telephone number.

If you are not a member of an organized church or religious sect, or if your personal religious beliefs are not shared by your church, you may request an exemption from fulfilling the required vaccination(s) based upon your personal beliefs and practices. In this case, you (or your parent or guardian if under 18 years old) must provide a letter stating that your personal religious beliefs and practices do not permit you to receive medical vaccinations.

**Vaccine Waiver for
Religious Exemption**

Date: _____

If you are requesting an exemption from fulfilling the required vaccination(s) for religious reasons, you must read and sign this form.

Please check the basis for your religious exemption (Check only one):

I certify that it is a tenet or practice of my church not to receive medical vaccinations.
(Letter from clergy on church letter head required)

I certify that I am not a member of a church or religious sect, but hold that the required vaccinations violate my personally held religious beliefs or practices.
(Letter from you or, if you are under 18, from your parent/guardian is required)

Therefore, I request that I be enrolled at Jacksonville University without receiving the immunizations required by the Florida Board of Governors. I understand the risks associated with failing to be immunized and request exemption from these requirements I also understand that I may be excluded from attending classes or other activities at JU for the duration of a vaccine preventable disease outbreak which can last up to 21 days after the last case is detected at Jacksonville University.

I agree that I shall be completely responsible for any costs associated with my exclusion from classes or university activities, including inability to receive a refund of tuition and fees due to medical withdrawal or course drop. **I am aware that failure to receive medically recommended or required vaccinations may increase my risk of acquiring a preventable infectious disease and I am willing to accept such medical risk.**

Student's Name

Student ID #

Student's Signature

Date

Signature of Parent or Guardian (if under 18)