



Office of Health Services

Request for Religious Exemption from Mandatory Immunization

Student Information

Name of Student (first/middle/last):		
Date of Birth:	Spirit ID #:	
Primary Phone:	SPU Email Address:	
Address:		
City:	State:	Zip Code:
Signature:		Date:

New Jersey state law and Saint Peter's University policy requires that all students document immunity to required vaccinations [i.e. Hepatitis B (HepB), Meningococcal (MenACWY), MMR (measles, mumps, and rubella), and COVID-19]. A student may be exempt from vaccination if that student holds genuine and sincere religious beliefs which are contrary to the practice of immunization. Saint Peter's University is committed to providing a safe, inclusive, and supportive experience for all students and recognizes student observance of their faith as it pertains to the practice of immunization.

For consideration of exemption to the state and University immunization compliance policy, please complete the following:

- Complete the section below (Section 1: Student Rationale for Request) by detailing the religious basis of your objection, explaining why you are requesting this religious exemption, the religious principles that guide your objections to immunization, whether you are opposed to all immunization, and if not, the religious basis that prohibits particular vaccinations. Saint Peter's University does not accept letters or signatures from parents or legal guardians for exemption consideration, unless you will be under 18 years of age on the first day of the program.
- Have your religious organization/leader complete the section below (Section 2: Religious Organization/Leader Rationale for Request) which will detail supporting the basis of your faith/beliefs which are contrary to the practice of immunization or use of vaccines. The section below will also provide a space for your religious leaders to sign, to provide the name of your religious organization, the address of your religious organization, and the phone number/email of your religious organization.
- Read the [MMR Vaccine Information Statement](#).
- Submit results of titers (blood tests to determine immunity) for measles, mumps, and rubella (MMR) AND Hepatitis B for knowledge in the event of an outbreak. Exemption approval cannot be granted without knowledge of current antibody levels.

Please note, submitting this request does not guarantee approval. Please allow 7-10 business days for your request to be processed. Upon review, you will be notified in writing if the exemption has been granted. At any time the University reserves the right to request additional supporting documentation. **Please complete the following sections attach all supplemental materials and email the completed document to Health Services (healthservices@saintpeters.edu)**

Final Acknowledgement *(to be completed by the student)*

Instructions: initial next to each of the statements below:

	I request exemption from immunization requirements due to my genuine and sincere religious beliefs. I understand the risks of non-immunization. I accept full responsibility for my health, thus removing liability from Saint Peter's University to the required immunizations.
	I understand that in the event of an outbreak, threatened outbreak, health crisis, pandemic or campus health or local epidemic, I may be temporarily excluded from classes, residence halls, and any sponsored activities on campus. I agree to comply with these restrictions and accept responsibility for communicating with my faculty and advisors. I further understand that restrictions from campus, including but not limited to classes and living spaces, do not entitle me to any reduction in tuition, housing charges, or other University fees.
	Should I contract a communicable or contagious disease, I will immediately report it to Health Services at Saint Peter's University and comply with the isolation and quarantine procedures specified by the University and remove myself from the University community if so advised.
	I acknowledge that I have read the MMR Vaccine Information Statement .
	I understand and agree to comply with and abide by all Health Services and University policies and procedures.
	I certify that the information I have provided in connection with this request is accurate and complete.

Final Student Signature

Printed Name of Student (first/middle/last):	
Signature:	Date:

FOR MINORS ONLY

Printed Name of Parent/Guardian (first/middle/last):	
Signature:	Date:
Parent/Guardian Phone Number:	
Parent/Guardian Email Address	