



Religious Exemption Request Form

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

- I certify that I am a member of an organized religious group whose tenets and/or practices prohibit me from receiving medical vaccinations.
- I certify that I am not a member of an organized religious group, but that medical vaccinations do violate my personally held religious beliefs and/or practices.

Therefore, I request that I be enrolled 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 vaccination requirements. I also understand that I may be excluded from attending classes or other activities for the duration of a vaccine-preventable disease outbreak, which can last up to 21 days after the last case is detected at the University.

I agree that I am completely responsible for any costs associated with my exclusion from classes or university activities. 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 Name

UID Number

Student Signature

Date

Parent/Guardian Signature (if under 18)