



Religious Exemption from Immunization

Name (printed) _____ Student ID# _____

Date of birth _____

Address: (local) _____

Phone Number: _____ Alternate Contact Number: _____

I am a member of a church or religious sect and believe immunizations are in conflict with my religious tenets or practices. I request an exemption to immunization for measles, mumps, rubella, meningitis and hepatitis. Therefore, I request that I be enrolled in school without the immunizations required by Florida Institute of Technology.

I have had explained to me and understand the risks associated with not obtaining vaccinations for these infections for which immunizations are required for school admittance/attendance.

I understand that as I have not been immunized against these vaccine preventable diseases, I will be excluded from attending classes, being on campus, living on campus or participating in campus events for the duration of a vaccine-preventable disease occurring within the Florida Tech community. In such a case, the current University policy for withdrawing or requesting an incomplete grade will apply. No refunds will be granted in the case of exclusion during an outbreak. This exclusion will extend until twenty-one (21) days after the last case is detected at the university. I agree to keep the Holzer Student Health Center updated with my phone number or change of address should they need to contact me in this event.

I understand the TB (tuberculosis) Skin Test or Blood Test is not a vaccine and is not allowed to be waived due to religious or personal beliefs.

Student Signature (if over 18) _____ Date _____

(After attending counseling)

Parent Signature (If under 18) _____ Date _____