



**STUDENT HEALTH SERVICES
RELIGIOUS EXEMPTION FORM**

2147 E Street, La Verne, CA 91750

Studenthealthcenter@laverne.edu

Office 909-448-4619

Fax 909-448-1652

**DECLARATION OF RELIGIOUS OR PHILOSOPHICAL
OBJECTION TO VACCINATIONS**

ULV requires all students to submit proof of the following vaccinations. To be considered for a religious exemption, review the eligibility

- To qualify for a religious exemption, students must have a sincere religious belief that prevents them from receiving the vaccine
- Students must clearly explain how their beliefs prevent them from receiving the vaccine
- Students must submit a statement of their beliefs and practices
- Students can request an exemption from this requirement if they have a religious or philosophical contraindication to the vaccine(s).

The vaccines that are considered for an exemption are from Measles/Mumps/Rubella (MMR), Varicella, and Meningococcal.

If the student is under the age of 18, this statement should be provided and signed by the parent or guardian. If the student is 18 years old or older, then the statement should be signed by the student.

In order to qualify for a religious or philosophical exemption please describe your religious or philosophical belief(s) and how these beliefs are contrary to the practice of immunization. This explanation should include enough detail that the institution can determine that these beliefs are sincerely held and consistently guide and influence the student's life.

REQUIRED: Description of religious exemption

Parent Signature, if student under age 18, *sign here*

STUDENT ATTESTATION (For all students)

By signing this declaration, the student, or if a minor, verifies the request for exemption from required vaccinations by University of La Verne on the basis of genuine and sincere religious or philosophical beliefs.

An unvaccinated student without natural immunity (having the infection) is at greater risk of becoming ill with the vaccine-preventable disease. In case of an active on-campus infectious disease outbreak, I _____

(student FULL name)

may not be allowed to come to campus *OR* I may have to leave the residence halls *OR* be required to quarantine per public health suggestions. I understand this be determined by SHC and ULV campus officials.

Student Signature _____

Student, Please submit a copy of this document to the MedProctor portal.