

Vaccination Requirement: Student Religious Exemption Request Form 2023-2024

Student Name:					Student ID #:							
School (Circle one):	SON	MED	GAH	UAH	GSAS	LAW	THEO	RSPH	GBUS	UBUS	UCOL	
Anticipated Year of	Graduatio	on:		Ca	ampus:	A	tlanta		Oxford			
All incoming Emory st registration for classe held religious belief of vaccines. EUSHS requis subject to change in College Health Associa Reason for the Religion your requesting this re	s. Howeve r practice t ires those n accordan ation. ous Exemp	r, Emory that is th students ce with o	Universe basis for to acceed to access to acce	sity Stud for reque opt by sig uideline	ent Heal esting a r gnature t s of the (d explain	th Service eligious e he possib Centers fo	es (EUSHS exemption le risks as or Disease) is aware to vaccir ssociated Control	e that som nation wit with refur and Preve	ne student h one or n sing vaccir ntion and practice t	s have a since nore of the re nation. This p the American hat is the bas	equired rocess n sis for
□ COVID – 19 Va Emory University complications, ine and outside of we of COVID-19 vacc though I can rece that if an outbrea residence facilitie	requires Coluding decork to my fines, as we ive the COuld be and class	COVID-19 ath. By in amily an ell as pos VID-19 v D-19 wer ses) unti	vaccina nteraction d/or friessible sic vaccine a re to occo I health	ation of ang with of ends, evolution ends, evolution ends of the effect at no charter on the officials	our stude others in en if I hav s. I under arge to m e Emory determin	ents to m person, I we no syn rstand th ryself, I w campus, ned that	inimize the could transptoms. I at I canno ant to require I could be the outbre	nsmit CO have rece t get COV juest a re e remove eak was c	VID-19 to eived educ ID-19 froi ligious exe d from all ontrolled	other stu- cation abo m the COV emption. I campus a	dents, co-wor ut the effecti (ID-19 vaccine Finally, I unde ctivities (inclu	iveness e. Even erstand uding
I acknowledge my sincerely held rel		-	-	_	-	otion to t	nis vaccine	e requirei	ment only	if necessa	ry and based	I in my
Student Signature	۵٠						Date:	1	1			

I understand that Measles, Mumps and Rubella are serious, vaccine-preventable diseases. The CDC, the American College Health Association and Emory University Student Health Services strongly recommend that all college students be vaccinated against Measles, Mumps and Rubella. However, I want to request a religious exemption for MMR vaccination. I understand that by requesting an exemption for this vaccine, I may continue to be at risk of acquiring these diseases. I also acknowledge that I could spread any of these viruses to vulnerable students, others in the clinic waiting area, or to university staff. I understand that there are blood tests (antibody titers) that I could take that would establish whether I am immune. Finally, I understand that if an outbreak of Measles, Mumps or Rubella occurs on the Emory campus, and I have not established my immunity by
documented vaccinations or by antibody titers, I will be removed from all campus activities (including residence facilities and classes) until health officials have determined that the outbreak is controlled. If, in the future, I want to be vaccinated with MMR vaccine, I understand that I can receive the vaccination series at EUSHS on a fee-for-service basis.
I acknowledge my responsibility to request a religious exemption to this vaccine requirement only if necessary and based in my sincerely held religious belief, practice, or observance.
Student Signature: //
Hepatitis B Vaccine I understand that Hepatitis B virus (HBV) is a serious, vaccine-preventable infection that can be acquired by sexual contact, exposure to blood or other potentially infectious materials or perinatally (via the placenta). The CDC, the American College Health Association and Emory University Student Health Services strongly recommend that all college students be vaccinated against HBV. I acknowledge that HBV can cause liver cancer and liver cirrhosis. However, I want to request a religious exemption for Hepatitis B vaccination. I understand that by requesting an exemption for this vaccine, I may continue to be at risk of acquiring Hepatitis B and if I do acquire HBV, I could transmit it to others. I understand that there is a blood test (antibody titer) that I could take that would establish whether I am immune. If, in the future, I want to be vaccinated with Hepatitis B vaccine, I understand that I can receive the vaccination series at EUSHS on a fee-for-service basis. I acknowledge my responsibility to request a religious exemption to this vaccine requirement only if necessary and based in my
sincerely held religious belief, practice, or observance.
Student Signature: Date:
Tetanus/Diphtheria Toxoid I understand that Tetanus and Diphtheria are serious, vaccine-preventable diseases. The CDC, the American College Health Association and Emory University Student Health Services strongly recommend that all college students be immunized against Tetanus and Diphtheria. However, I want to request a religious exemption for Td immunization. I understand that by requesting an exemption for this immunization, I may continue to be at risk of acquiring these diseases. If, in the future, I want to be immunized with Td toxoids, I understand that I can receive the immunization series at EUSHS on a fee-for-service basis.
I acknowledge my responsibility to request a religious exemption to this vaccine requirement only if necessary and based in my sincerely held religious belief, practice, or observance.
Student Signature: Date:/

Tetanus/Diphtheria/Pertussis I understand that Tetanus, Diphtheria, and Pertussis are serious, vaccine-preventable diseases. The CDC, Emory University and Emory University Student Health Services strongly recommend that all college students receive one adult dose of Tetanus/Diphtheria/Pertussis vaccine (Tdap). However, I want to request a religious exemption for Tdap immunization. I understand that by requesting an exemption for this immunization, I may continue to be at risk of acquiring these diseases. I also acknowledge that I could spread Pertussis to vulnerable students, others in the clinic waiting area, or to university staff. Finally, I understand that if an outbreak of Pertussis were to occur on the Emory campus, I would be removed from all campus activities (including residence facilities and classes) until health officials determined that the outbreak was controlled. If, in the future, I want to be immunized with Tdap, I understand that I can receive it at EUSHS on a fee-for-service basis.
I acknowledge my responsibility to request a religious exemption to this vaccine requirement only if necessary and based in my sincerely held religious belief, practice, or observance.
Student Signature: Date://
Varicella (Chicken Pox) Vaccine I understand that Varicella (Chicken Pox) is a potentially serious, vaccine-preventable disease. The CDC, the American College Health Association and Emory University Student Health Services strongly recommend that all college students without a history of previous Varicella be vaccinated against the disease. However, I want to request a religious exemption for Varicella vaccination. I understand that by requesting an exemption for this vaccine, I may continue to be at risk of acquiring Varicella. I also acknowledge that I could spread Varicella to vulnerable students, others in the clinic waiting area, or to university staff. I understand that there is a blood test (antibody titer) that I could take that would establish whether I am immune. Finally, I understand that if an outbreak of Varicella were to occur on the Emory campus, I would be removed from all campus activities (including residence facilities and classes) until health officials determined that the outbreak was controlled. If, in the future, I want to be vaccinated with Varicella vaccine, I understand that I can receive the vaccination series at EUSHS on a fee-for-service basis. I acknowledge my responsibility to request a religious exemption to this vaccine requirement only if necessary and based in my sincerely held religious belief, practice, or observance.
Student Signature:
Meningococcal Conjugate or Men ACWY Vaccine I understand that meningococcal disease is a contagious but largely vaccine preventable infection of the spinal cord fluid and fluid around the brain. I understand that all college students living in residence halls, particularly freshmen, are at a moderately increased risk of contracting meningococcal disease. I understand that meningococcal disease is a serious disease that can lead to death within only a few hours of onset, that 1 in 10 cases is fatal and that 1 in 7 survivors of the disease is left with a severe disability such as loss of limb, mental retardation, paralysis, deafness or seizures. The CDC, the American College Health Association and Emory University Student Health Services strongly recommend that students receive one dose after age 16 of Men ACWY. While Emory University requires Meningococcal ACWY, I understand that two types of meningococcal vaccinations exist (Meningococcal ACWY and Meningococcal B) which will decrease but not totally eliminate, the risk of contracting meningococcal disease. However, I want to request a religious exemption for Men ACWY immunization. I understand that by requesting an exemption for this immunization, I may continue to be at risk of acquiring this disease. I also acknowledge that I could spread Meningitis to vulnerable students, others in the clinic waiting area, or to university staff. I understand that if an outbreak of Meningitis were to occur on the Emory campus, I would be removed from all campus activities (including residence facilities and classes) until health officials determined that the outbreak was controlled. If, in the future, I want to be immunized with Men ACWY, I understand that I can receive it at EUSHS on a fee-for-service basis. I acknowledge my responsibility to request a religious exemption to this vaccine requirement only if necessary and based in my sincerely held religious belief, practice, or observance.
Student Signature:

Optional (May expedite processing time)

In some cases, Emory University will need supporting documentation about your religious practice(s), belief(s), or observance(s), such as oral statements, affidavits, or other documents from your religious leader(s) on why you are requesting the exemption. You may at this time provide documentation from your church or religious organization describing the religious belief, observance, or practice that conflict with the applicable vaccine requirement. This documentation can take many forms, one of which could be, but is not required to be, the attestation below.

To be completed by a Religious Leader or Authority

Dear Religious Leader/Authority:
The Emory University student listed above is requesting a religious exemption from the university vaccine requirement. In the space below, please explain how this request demonstrates a sincerely held religious belief, practice, or observance for this person and your advice on whether they should be granted this exemption.
Name of Religious Leader/Authority (print):
Title:
Name of Religious Organization:
Phone Number:
Email Address:
Signature of Religious Leader/Authority:
Date: