



## Exemption to Immunization Requirements

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Exempt Immunization (Check all that apply)

Measles     Mumps     Rubella     Varicella     Meningitis     COVID-19

### Religious Exception

The religious exemption is intended for people who hold a sincere religious belief opposing vaccination to the extent that if the state forced vaccination, it would be an infringement on their constitutional right to exercise their religious beliefs. In the space provided below, please provide a statement detailing your religious beliefs that prevent you from receiving the required vaccinations for attending HIU in order to receive a religious exemption. If additional space is required, attach additional page(s)

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### Medical Exemption

The physical condition of the above named individual is such that immunization would endanger life or health. State reasons for requesting a medical exemption

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\_\_\_\_\_  
Healthcare Provider Signature

Date \_\_\_\_\_

**I understand that exemption for either medical, religious or age reasons may subject me to exclusion from campus in the event of an outbreak of a disease for which immunization is required.**

\_\_\_\_\_  
**Student Signature**

Date \_\_\_\_\_