



Request for Religious Vaccination Exemption

Name _____		Date _____	If you are an ACOM student please indicate your year: <input type="checkbox"/> OMS I <input type="checkbox"/> OMS II <input type="checkbox"/> OMS III <input type="checkbox"/> OMS IV <input type="checkbox"/> Fellow				
Email _____		Department _____					
Phone Number _____	Employee / Student Number _____	Job Title <i>(does not apply if you are an ACOM student)</i> _____					

Flu Exemption

Explain in your own words why you are requesting this exemption.

Describe the moral, ethical or religious principles that guide your objection to immunization.

Are there any specific rituals, observances or practices related to this request and your beliefs?

How long have you adhered to these beliefs?

Are you opposed to all immunizations? If not, please describe the moral, ethical or religious basis that prohibits particular immunizations.

Have you been immunized before? If so, please state when and what vaccines.

I hereby affirm the truthfulness of this statement.

SIGN HERE

Signature _____

Date _____