

## Southern Illinois University Edwardsville Religious Exemption Request From Mandated Vaccination

The majority of our clinical placement sites have Federal and State mandates in place regarding mandatory vaccinations. If you wish to be exempt from vaccinations due to religious beliefs, a documented exemption must be on file in order to maintain compliance with these mandates.

Requests for religious exemptions will be reviewed based on the information provided below. The University may require the submission of additional documentation or may need to obtain additional information concerning the identified religious belief, practice or observance from a religious leader or scholar.

If approved, this exemption will remain in effect for up to **one calendar year**.

I, \_\_\_\_\_ request that I be exempt from the requirement to receive the following vaccinations:

COVID-19

Influenza

Please identify the religious belief, practice or observance and explain why it precludes you from receiving the above vaccinations (You may attach additional information if needed.):

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I affirm that the statements made above truly reflect my beliefs and practices. I further agree to comply with any and all requirements and/or limitations placed upon me by Southern Illinois University Edwardsville or Public Health Officials, due to my unvaccinated status.

Your signature below indicates acceptance of the above-referenced terms and conditions of a religious exemption.

Name (print): \_\_\_\_\_ Classification: Student Employee

800 Number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Academic Program: Nursing Dental Pharmacy

I, the undersigned do hereby request exemption from immunization as recommended by my physician.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### For Office Use Only

Approved

Denied

\_\_\_\_\_  
Signature and Title

\_\_\_\_\_  
Date

Notes: \_\_\_\_\_

**Unless otherwise noted, this exemption expires one year from the date of approval.**

Submission instructions: Return this form to the Office for Equal Opportunity, Access & Title IX Coordination.

Email: [mbigtas@siue.edu](mailto:mbigtas@siue.edu) (preferred) • Fax: 618.650.2270 • In person: Rendleman Hall 3316

The completed form which indicates an approval or denial of your request will be returned to you via email.