



## Request for Religious Exemption from Required Immunizations

Name (print): \_\_\_\_\_ Birth date: \_\_\_\_\_

Local address: \_\_\_\_\_ Student ID #: \_\_\_\_\_

I am requesting a Religious Exemption from required immunizations.

1. What is the name of your religion?

2. How long ago and how did you come to follow or subscribe to it?

3. How does your religion manifest itself in your choices and the way you lead your daily life? Give a specific example not having to do with immunization.

4. What sources (e.g., sacred texts, religious authorities) indicate that immunization is prohibited? Please give specific references.

5. How does your religion address your social obligations to your broader community? What if, by declining immunization, you contributed to harming others? Would you, for example, voluntarily quarantine yourself in the event of an outbreak?

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

If additional space is needed, please use the back of this page.

Questions and completed forms may be directed to:

Executive Director, Vaden Health Center, 866 Campus Drive, Stanford, CA 94305-8580  
or sent via email to [vaden-emr@stanford.edu](mailto:vaden-emr@stanford.edu)