



IMMUNIZATION RELIGIOUS EXEMPTION FORM

Name of Student _____, _____ Student/FNU ID# _____
(please print) Last First Middle

Address: _____
Street City State Zip Code

To request an Exemption/Accommodation related to FNU’s mandatory Prerequisite Health Requirements for all FNU programs (FNU Catalog), please complete this form. This information will be used by FNU to engage in an interactive process to determine eligibility for and to identify possible accommodations. If a student refuses to provide such information, the student’s refusal may impact FNU’s ability to adequately understand the student's request or effectively engage in the interactive process to identify possible accommodations.

All information must be filled in below:

I swear or affirm that I object to being immunized with the vaccines that I have checked below:

- DTaP, DT, Td, Tdap (Diphtheria, Tetanus, acellular Pertussis)
- Hepatitis B
- Meningococcal
- MMR (Measles, Mumps, Rubella)
- Pneumococcal Conjugate
- Polio
- Varicella (chickenpox)
- Seasonal influenza (November 1 - April 1)
- COVID-19

Please explain below why you are requesting an Exemption/Accommodation: _____

Please explain below in what way your sincerely held religious belief prohibits you from receiving the vaccine you’ve indicated above: _____

Does your sincerely held religious belief prohibit all vaccines or just the vaccine/s you've indicated above: _____

In some cases, FNU will need to obtain additional information and/or documentation about your religious practice(s) or belief(s). We may need to discuss the nature of your religious belief(s), practice(s) and accommodation with your religion's spiritual leader (if applicable) or religious scholars to address your request for an exception.

If requested, can you provide documentation to support your belief(s) and need for an accommodation? _____ **Yes** _____ **No**

If No, please explain why: _____

Verification and Accuracy

I verify the information I am submitting in support of my request for an accommodation is complete and accurate to the best of my knowledge, and I understand that any intentional misrepresentation contained in this request may result in disciplinary action.

I understand my request for an accommodation may not be granted if it is not reasonable, if it poses a direct threat to the health and/or safety of others in the workplace and/or to me, or if it creates an undue hardship on FNU.

I also understand that my being unable to receive required immunizations may impact my ability to secure clinical placement. The declination of the required immunizations will be shared with your clinical site(s) as this is part of the affiliation agreement between the sites and FNU.

Signature

Date