

UNIVERSITY OF MISSISSIPPI
Immunization Religious Exemption Request

INSTRUCTIONS

- The Student, or the parent/guardian of a Student under 18 years old, must complete and sign the applicable sections of this Religious Exemption Request Form indicating the vaccines for which the Student will be exempted.
- The Student must email the completed form to the University Health Services at universityhealth@olemiss.edu.
- The completed Religious Exemption Request will be submitted to the Director of University Health Services for signature, and a copy will be maintained in the student's electronic medical record.

Date of Request _____

Student's Full Name: _____ Date of Birth: _____

Address: _____ Phone Number: _____

Name of Parent/Guardian: _____ Phone Number: _____

(If the Student is under 18 years old)

Vaccine	Exemption Duration	Rationale for Religious Exemption
Measles, Mumps, and Rubella (MMR)	<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary (Duration) _____	
Hepatitis B	<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary (Duration) _____	

The Student must complete the following:

I, _____, understand that by completing I am requesting, or if I am under the age of 18 I am assenting to the request of, the religious exemption from the above vaccine(s) for myself.

- I understand that by not receiving the vaccination(s) specified above I am endangering my life or health, and the life or health of other students; and that the religious reasons for not receiving the vaccine(s) outweigh the risk of death or disability to myself or other students from the vaccine preventable disease(s).

- I understand that if any vaccine-preventable diseases for which I have not been adequately immunized are occurring in or threatening to occur in the community, I will, for the safety and benefit to myself and other students, be excluded from participating in my courses and other campus events in-person until the infectious disease is no longer present or is no longer a threat to the safety and welfare of myself or other students. I understand that if I am excluded from participating in my coursework in-person, there is no guarantee that a remote option will be made available.

- I understand that this exemption is only applicable to the above referenced vaccine(s) and for use at the University of Mississippi only.

- I understand that some degree programs require students to participate in experiential learning opportunities outside of the University. I understand that this exemption may not be applicable to vaccine requirements of other institutions. For example – experiential learning sites in the healthcare field often require additional vaccination such as, varicella (chicken pox), MMR, Influenza, Hepatitis B, and Covid-19. I understand that my inability to participate in a practicum experience or internship due to external vaccination requirements may hinder my ability to complete a program, hinder my progression towards an on-time graduation, or limit the programs I am able to participate in.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

(If Student is under 18 years old)

<p>Internal Office Use Only</p> <ul style="list-style-type: none"> • Religious Exemption Request completed, signed, and reviewed. <p>Signature of Director of University Health Services: _____ Date: _____</p>
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