

UAB Student Health Services

RELIGIOUS EXEMPTION FORM

Name _____

BlazerID (Required): _____

Date of Birth: _____

Student Contact Number: _____

I request an exemption from the University of Alabama at Birmingham vaccination requirements. By signing below, I affirm my sincerely held and genuine religious tenants, beliefs, and/or practices are incompatible with the University of Alabama Immunization requirements

Exemption list: Check all that apply

Measles _____
Mumps _____
Varicella _____
Tdap _____

Rubella _____
Meningococcal _____
Hepatitis B _____
Influenza _____

I affirm that I have turned in any records of vaccinations I may have received in the past. I understand that there exists health and safety issues associated with failure to obtain required vaccinations, most notably leaving myself, and potentially others around me, unprotected from certain vaccine-preventable diseases, such as those outlined above.

I understand that if such an exemption is granted and if an outbreak of a vaccine-preventable disease occurs for which I am unimmunized, jeopardizing the University community, that I shall be excluded from campus and not permitted to return until the SHS Medical Director or Associate Medical Director deems it safe for me to return or at such time I provide proof of effective immunization. I understand that I am still responsible for completing the TB screening required by the University.

I understand and accept that this exemption applies only to my admission to and enrollment at the University of Alabama at Birmingham. I understand that this exemption is in no way effective for any other purpose including, but not limited to, access to medical facilities, programs, residencies, clinical placements, community service, or internships at third-party agencies or entities. I understand that my non-immunization may impact my field of study, academic progress, and/or matriculation.

Student Signature*: _____ Date: _____

If Student is under the age of 19 at the time this form is signed, then a parent or legal guardian must also sign this form:

Parent/Legal Guardian Signature*: _____ Date: _____