



IMMUNIZATION RELIGIOUS EXEMPTION REQUEST

For non-state required immunizations only.

Students may request a religious exemption if there is a conflict between the requirement to be vaccinated and sincerely held religious beliefs, practices or observances. Please note that social, philosophical, political or economic views and/or other personal preferences will not meet the criteria for an approved exemption and accommodation request. In order to be considered, students must complete the following form and documentation detailing the religious basis for the request. Once received and reviewed, the student will be notified in writing of the decision to grant or deny the request. **This form may NOT be used for exemption from state required vaccines.** In order to document an exemption for state required vaccinations for reasons of conscience, students must request a [Texas Department of State Health Services Exemption from Immunizations for Reasons of Conscience Affidavit](#) and submit the notarized form to the HSC Registrar and Student Records Office.

Please note: A student who is eligible for and receives an exemption for non-state required vaccinations may be denied clinical placement at affiliated clinical sites and HSC cannot ensure alternate placement. Students who receive an exemption may be prohibited from engaging in direct patient contact with potential exposure to blood or bodily fluids to protect the patients from illness or disease. An exempt student also may not be eligible to participate in any volunteer, or paid experience as a representative of HSC if the experience involves contact with human patients, human research subjects, human fluids, or human tissues.

Student Name: _____

Student ID: _____

Date of Birth: _____

Program/Year: _____

Non-state required immunizations requesting exemption from (list all that apply):

I, _____, am requesting religious exemption from the above vaccine(s) regardless of form, manufacturer, and quantity recommended as the vaccine(s) conflicts with my religious beliefs. I understand that social, political or personal preferences, or non-religious concerns about the possible effects of disease do not constitute religious beliefs for purposes of this request. **Please see page two of this document that details the religious basis for my request.** I acknowledge the potential risks of acquiring the diseases above, and that I may be at higher risk by refusing the vaccine(s). I am aware that the Centers for Disease Control and Prevention and the Texas Department of State Health Services have determined there is a health benefit of receiving these vaccinations. I understand that clinical rotation sites and/or HSC may require these vaccinations, or others not listed above, and that I may be required to comply with health and safety protocols adopted by these sites to protect patients and individual healthcare workers, including wearing personal protective gear at all times while at the site. I also understand that sites may deny me access even if my request is approved by HSC and interferes with my ability to successfully complete the rotational requirement of the HSC academic program. I understand that this request may be denied by HSC, and I also understand that if my request is granted, HSC may review the decision if circumstances change.

I certify that the above information and attached document are true, accurate, and aligned with my sincerely held religious beliefs.

Student Signature: _____

Date: _____

Please identify the particular, sincerely held religious belief, observance, or practice that you believe you would be required to violate or forgo by receiving the vaccination(s) listed on page one:

Describe how receiving the vaccination(s) on page one conflicts with your sincerely held religious believe, observance, or practice. Please be as specific as possible, and include how it supports your request for an exemption from the vaccination: