

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 (“UAB”) vaccination requirements. By signing below, I affirm I hold sincere and genuine religious tenants, beliefs, and/or practices that conflict with my receiving the following UAB Immunization requirements:

Exemption list: Check only those that apply

<input type="checkbox"/> Measles	<input type="checkbox"/> Rubella
<input type="checkbox"/> Mumps	<input type="checkbox"/> Meningococcal
<input type="checkbox"/> Varicella	<input type="checkbox"/> Hepatitis B
<input type="checkbox"/> Tetanus-diphtheria (Td)	<input type="checkbox"/> Influenza
<input type="checkbox"/> Pertussis	

I affirm that I have turned in any records of vaccinations I may have received in the past. I understand that there exist 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 entitles. I understand that my non-immunization may impact my field of study, academic progress, and/or matriculation.

I understand that the University of Alabama at Birmingham may request that I provide further information and/or documentation to support my beliefs and my need for an exemption.

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: _____