

**Religious Exemption Form**

**Declaration of Religious or Philosophical Objection for Required Vaccinations**

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| **California Institute of the Arts requires all students to submit proof of the following vaccinations:**  **Measles/Mumps/Rubella (MMR)** – 2 doses on or after the first birthday  **Meningococcal conjugate (ACYW)** For students living in the residence hall or apartments through  CalArts Residence Life Program  – at least one dose of Meningitis vaccine (MCV4 or MPV4) if a dose was received at less than 16 years old, a booster shot will be needed or if received at 16 years of age or older, no additional booster is needed.  Proof of documentation of positive antibody titers to measles, mumps and rubella will also be sufficient to satisfy CalArts immunization requirements.  Students can request exemption from this requirement if they have a religious or philosophical contraindication to the vaccine(s). |

In order to qualify for a religious or philosophical exemption please describe the student’s religious or philosophical beliefs and how these beliefs are contrary to the practice of immunization.

This explanation should include enough detail that the institution can determine that these beliefs are sincerely held and consistently guide and influence the student’s life.

If the student is under the age of 18, this statement should be provided and signed by the parent/guardian. If the student is 18 years or older, then the statement should be provided by and signed by the student. If more space is needed, please use the back of this page.

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Student ID #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Student or Parent/Guardian (if student is less than 18 years old) |

By signing this declaration, the student, or if a minor, his/her parent or legal guardian, verifies the request for exemption from required vaccinations by California Institute of the Arts on the basis of genuine and sincere religious or philosophical beliefs. An unvaccinated student without natural immunity is at greater risk of becoming ill with the vaccine preventable disease.

An unvaccinated student that does not have documentation of immunity may be excluded from attending school during an emergency, or during an outbreak of, or after exposure to, any of these diseases: Measles, Mumps, Varicella (chickenpox) or Meningococcal Meningitis. These decisions may be made in consultation with appropriate local and state authorities.

An unvaccinated student may NOT live in the residence halls or apartments(s)

through CalArts Residence Life Program.

I understand this Religious Exception Form and have had the opportunity to ask questions about it. I verify the truth and accuracy of my statements in this Religious Exception Form and acknowledge that declining a vaccination may require my departure from campus under certain circumstances, which could result in academic or tuition consequences to me.

Student’s Name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_Student ID #\_\_\_\_\_\_\_\_\_\_\_

Student Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature (if student is under 18 years old) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**For use by CalArts Student Health staff only:**

Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print name)

**Approved: Yes / No**

Date Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Denied: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_