



Immunization Exemption-Religious

Student's Last Name _____ Student's First Name _____

Date of Birth _____ Student ID# _____ Phone Number _____

Email Address _____

The School of the Art Institute of Chicago (SAIC) follows the State of Illinois' [college immunization requirements](#) for all students taking six or more credits and [requires COVID-19 vaccines](#) for all students who intend to be on campus for any period of time. A student may be exempt from the COVID-19 vaccination requirement if that student holds a genuine and sincere religious belief which prohibits vaccination. A sincerely held religious belief is one that is either part of a traditional, organized religion or non-theistic (not having or involving a belief in a god or gods) moral or ethical beliefs as to what is right and wrong which are sincerely held with the strength of traditional religious views. Social, political, or personal preferences do not qualify as a religious belief for purposes of this exemption.

INSTRUCTIONS

A student seeking a religious exemption must submit this form with both parts one and two completed.

Part 1: Student Personal Statement

Part 2: Student Responsibility for Religious Exemption

Upon completion, students should upload the signed form to the SAIC Health Services Patient Portal at saic.medicatconnect.com. Instructions for uploading the form can be found [here](#).

Please allow at least 10 business days for your request to be reviewed. At any time, SAIC reserves the right to request additional documentation, including but not limited to documentation from your religious organization regarding the basis of your beliefs which are contrary to the practice of vaccinations or the use of vaccines. Submitting a request for an exemption does not guarantee it will be approved. You will receive a message from SAIC's Office of Student Affairs regarding the status of your exemption. If approved, the exemption will remain in effect for the duration of your academic career. Requests must be renewed annually.

PART 1: STUDENT PERSONAL STATEMENT

Please indicate which vaccine(s) you are certifying an exemption from:

MMR (measles, mumps and rubella)

DTP/Td/Tdap (diphtheria, tetanus, pertussis - including a Tdap within the past 10 years)

Meningococcal conjugate (meningitis)

COVID-19 (including boosters)

Please submit a written statement (or, if you are under the age of 18, your parent or guardian can submit) explaining why you are requesting this religious exemption, detailing the religious basis of your objection to immunizations and the religious principles guiding your objection. If you have received other vaccinations, please explain how or why the required vaccinations are different under your religious beliefs.

PART 2. STUDENT RESPONSIBILITY FOR RELIGIOUS EXEMPTION

I understand that, as a result of not being vaccinated, I am accepting the potential consequences associated with this decision. By requesting a religious exemption to the required vaccinations, I agree to the following:

- I understand the risks of not being vaccinated against measles, mumps, rubella, tetanus, diphtheria, pertussis, meningitis, and/or COVID-19 and accept full responsibility for my health. I release and indemnify SAIC from any liability related to any exposure to and/or injury from any of these diseases or related to these diseases, which may arise out of accessing SAIC's premises or in the course of attending any off-campus SAIC-sponsored activities, including but not limited to any such claims that may arise out of the negligence of SAIC.
- I understand that in the event of an outbreak or threatened outbreak of any of these diseases, I may be temporarily excluded from accessing campus, including but not limited to attending classes, using facilities, entering residence halls, and/or attending off-campus SAIC-sponsored activities. I agree to comply with these restrictions and accept responsibility for communicating with my faculty and advisors. I further understand that restrictions from campus, including but not limited to classes and living spaces, do not entitle me to any reduction in tuition, housing charges, or other school fees.
- If I contract COVID-19 or any other communicable or contagious disease, I will immediately report it to SAIC's Wellness Center and comply with the isolation and quarantine procedures specified by SAIC and remove myself from the SAIC community if so instructed.
- I will comply with all guidance provided by SAIC, including guidance for unvaccinated individuals. This may include but is not limited to wearing a mask and social distancing while on campus.
- I certify that the information I have provided is accurate and complete.
- I enter this request for exemption and waiver as a free and voluntary act.

- I am at least 18 years of age, or if I am under 18 years of age, my legal guardian has also signed below.

Signature _____ Date _____

_____ Date _____

Parent/Guardian Signature if Student is Under Age 18

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