



Immunization Exemption-Religious

Student's Name _____
Last Name First Name

Date of Birth _____ Student ID# _____

Address _____
Street City State Zip Code

I request exemption from the State of Illinois' college immunization requirements on religious grounds. This exemption was approved by the Illinois State Law 105 ILCS 5/27-8.1. This document fulfills the requirements of section 694.100, paragraph e, subchapter K: Communicable Disease Control and Immunization, IL Administrative Code, in accordance with the Illinois Department of Public Health.

The specific details of my objection to the immunization(s) are as follows (*please provide grounds for the objection below or attach a letter of objection*):

_____.

I accept full responsibility for my health, thus removing liability from The School of the Art Institute of Chicago in regard to the state mandated, compulsory immunizations. Furthermore, I understand that in the event of an outbreak of measles, mumps, rubella, tetanus, diphtheria, pertussis, or meningitis, I will be required to leave the campus if I am not vaccinated against the disease.

I am at least 18 years of age and enter this request for exemption and waiver as a free and voluntary act.

Signature _____ Date _____

Date _____

Parent/Guardian signature if student is under age 18