

**REQUEST FOR EXEMPTION FROM IMMUNIZATION
ON RELIGIOUS GROUNDS**

I certify that immunization conflicts with my bona fide religious tenets and practices.

I understand that I/my child is susceptible to vaccine preventable diseases. If at any time there is, in the opinion of the Hawaii Department of Health, danger of an outbreak or epidemic from any communicable disease for which immunization is required, this exemption from immunization shall not be recognized. I understand that I/my child will be excluded from school until the threat of an epidemic is over or he or she receives the proper immunization. (*Hawaii Revised Statutes 302A-1157*).

Student's Name _____ Birthdate: _____
(Print) Last Name First

School: _____

Parent/Guardian Name (if student under 18 yrs of age) _____
(Print)

Student/Parent/Guardian Signature: _____

Date: _____

Fax to: BYU-Hawaii Health Services
(808) 675-3506