



***PETITION FOR EXEMPTION FROM THE REQUIREMENT OF PUBLIC ACT 85-1315, MANDATORY PROOF OF IMMUNIZATION TO VACCINE PREVENTABLE DISEASES – BASED ON RELIGIOUS GROUNDS***

Petition completed by:

- ☐ Being completed by Student (REQUIRED if student is 18 years of age or older)
- ☐ Being completed by Parent/Guardian (ONLY if student is less than 18 years of age. Exemption will expire on student's 18th birthday)

**Written Statement of Religious Beliefs and Practices objecting to State of Illinois required Immunizations**

This statement must set forth the SPECIFIC RELIGIOUS BELIEF(s) that conflicts with the immunization(s). Religious beliefs may be personal and need not be directed by the tenets of an established religious organization. Objections may NOT be based on philosophical or moral reluctance.

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Based on my statement of religious beliefs and practices (detailed above), I am requesting exemption to the following Immunization requirements (please mark any/all you are requesting exemption for):

- ☐ Measles, Mumps & Rubella
- ☐ Tetanus, Diphtheria, Pertussis
- ☐ Meningitis

By signing below, I affirm that the statements made above truly reflect my religious beliefs and practices. I understand that should an outbreak of a vaccine preventable disease occur on campus or in the community, I may be required to curtail my normal activities and may be asked to avoid contact with other people in the interest of public health. I further understand that should I contract a vaccine preventable disease, I will hold the University harmless and will comply with all limitations placed upon me by Illinois State University or Public Health Officials. I understand that I will be treated no differently than any other person who has not demonstrated immunity to vaccine preventable diseases.

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

Parent/Guardian Signature\* \_\_\_\_\_

\*ONLY if student is under 18 years old (expires on student's 18<sup>th</sup> birthday)

Student's Name (Printed) \_\_\_\_\_

University ID Number (starts with an "8") \_\_\_\_\_

Illinois State University Email (ilstu.edu) \_\_\_\_\_

Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM/DD/YYYY

Your Petition will be reviewed and you will be contacted via Student Health Services **Secure Messaging** within 3-5 business days. A notification that you have received a secure message will arrive in your ILSTU email account. **You will have to log-in to your secure ISU Secure Health Portal to review the message.**