



## IMMUNIZATION EXEMPTION—RELIGIOUS/MORAL

**NAME:** \_\_\_\_\_

**SS# or Olivet ID#:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

I request exemption from the State of Illinois' college immunization requirements on religious or moral grounds. This exemption was approved by the State of Illinois in section 2603, paragraph (d) of P.A. 85-1315. This document fulfills the requirements of section 695.210, subchapter K of IL Administrative Code, Chapter 1, and is in accordance with the Illinois Department of Public Health.

I accept full responsibility for my health, thus removing liability from Olivet Nazarene University in regard to the state-mandated, compulsory immunization. Furthermore, I understand that in the event of a campus outbreak or cluster of any vaccine preventable disease such as meningitis, measles, mumps, rubella, diphtheria, or pertussis, I may be required to leave the campus.

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

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_