

## **University – Religious Immunization Exemption Certificate**

## For Use in Universities

Nevada State Immunization Program • 4150 Technology Way Suite 210 • Carson City, NV 89706 http://dpbh.nv.gov/Programs/Immunizations/ • (775) 684-5900 • nviz@health.nv.gov

## Instructions for completing a Religious Immunization Exemption Certificate

**Section 1:** Enter university and student information.

Section 2: Have parent/guardian or student (if the student is 18 years of age or older) initial, sign, and date.

**Section 3:** For university use only: Obtain university signatures and dates.

ection 1: Unive	ersity and Student Information	1				
Name of University (accepting exemption)		Street Address	City	Zip Code	Phone	
Student Name			Date of Birth	Date of Birth Grade/Level		
Street Address			City	Zip Code	Phone	
Section 2: Immu	unization Exemptions (To be o	completed by parent/guard	ian, or student if the stud	ent is 18 yrs. ol	d or older)	
request that the	above student be exempt fron	n the vaccine(s) checked be	elow based on my religio	us beliefs:		
	∟ Me	nACWY   MMI	R 🗌 Td/Tdap			
	risks of refusing to vaccinate by required vaccinations.	pased on my religious belie	efs. I know that I may re-	address this issu	ue at any time	
——————————————————————————————————————	Tequired vaccinations.					
	I understand the risk of contracting the disease(s) that the vaccine(s) prevent.					
Initials						
	I understand the risk of transmitting the disease(s) to others.					
Initials						
	I understand that, if an outbreak of vaccine-preventable disease should occur, an exempt student will be excluded from university by the university administrative head for a period of time as determined by the Nevada Division of Public and					
Initials	Behavioral Health based on a case-by-case analysis of public health risk.					
	I understand that this form must be submitted annually based on an enrollment schedule set by the university.					
Initials	_					
Signature of Parent/Guardian or Student (if the student is 18 years of age or older)			Date			
	(If the student is 10 years of age	or order)				
Section 3: For U	Jniversity Official Use Only:	Please provide date and sig	gnature			
	ersity Enrollment Official or Des			Date		