

REQUEST FOR EXEMPTION FROM IMMUNIZATION  
ON RELIGIOUS GROUNDS

By completing this form I am stating that receiving immunizations for vaccine-preventable diseases conflicts with my bona fide religious tenets and practices. You must attach a copy of the official tenets and practices of your religion specifically regarding immunizations.

I understand that I am 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 will be excluded from school until the threat of an epidemic is over or I receive the proper immunization. (*Hawaii Revised Statutes 302A-1157*).

Student's Name \_\_\_\_\_ Birthdate: \_\_\_\_\_  
(Print) Last Name First

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

Student/Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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