



UNIVERSITY of HAWAII  
SYSTEM

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

Student's Name:		Student's Date of Birth:	
Student's Home Address:		City/State	Zip
Name of Post-Secondary School or University:	Street Address:	City	Zip
Initials _____ I certify that immunization conflicts with my bona fide religious tenets and practices. _____ I understand that if at any time there is, in the opinion of the 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 and I will be excluded from post-secondary school until the threat of an epidemic is over or I receive the proper immunization. _____ I understand that a request for religious exemption based on objections to specific vaccines will not be granted.  I understand the benefits and risks of the vaccinations I am required to have for post-secondary school attendance, the risk of contracting the diseases that vaccines prevent, and the risk of transmitting disease to others. I understand that this form may not be used for personal or philosophical reasons.  Student's Signature _____ Date: _____  Parent/Guardian Name (if student <age 18 years) (please print) _____ Date _____  Parent/Guardian Signature (if student <age 18 years) _____ Date _____			
HAWAII REVISED STATUTES: RULES:		§302A-1156, §302A-1157, §325-34 HAWAII ADMINISTRATIVE §11-157-5; v.12.14.19	