

# ILLINOIS CERTIFICATE OF MEDICAL OR RELIGIOUS EXEMPTION TO REQUIRED IMMUNIZATIONS AND/OR EXAMINATIONS



SEE REVERSE FOR IMPORTANT INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## ADULT INDIVIDUAL - COMPLETE THIS SECTION | Please print or fill in electronically.

NOTE: This form is required for all students entering the university when adult individual(s) or (s) is requesting a religious exemption on or after October 1, 2015. This form also must be submitted to request religious exemption for any student enrolling to enter any University after October 16, 2015.

**This form may NOT be used for personal or Philosophical reasons. Illinois law does not allow for such exemptions.**

Student Last Name \_\_\_\_\_ Student First Name \_\_\_\_\_ Student M.I. \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/  M  F  
 Student Date of Birth Gender Student Email Student ID #

Address \_\_\_\_\_  
 ( ) | ( ) | ( )  
 Phone number(s)

### Exemption requested for (mark all that apply):

- |                                    |  |                                       |  |
|------------------------------------|--|---------------------------------------|--|
| <input type="checkbox"/> Covid-19  | <input type="checkbox"/> Hib           | <input type="checkbox"/> Pneumococcal | <input type="checkbox"/> Varicella                     |
| <input type="checkbox"/> DTap      | <input type="checkbox"/> Meningococcal | <input type="checkbox"/> Polio        | <input type="checkbox"/> Health Exam                   |
| <input type="checkbox"/> Hepatitis | <input type="checkbox"/> MMR           | <input type="checkbox"/> Td/Tdap      | <input type="checkbox"/> Other (indicate below): _____ |

To receive an exemption to vaccination, an adult individual or must provide a statement detailing the medical or religious beliefs that prevent the student from receiving each required school vaccinations/examination being requested. In the space provided below, state each vaccination or examination exemption requested and state the grounds for each request. If additional space is needed, attach additional page(s).

### Religious Exemption Notice:

NOTICE: No adult individual is required to have an immunization/examination that is contrary to the religious beliefs of his/her own. However, not following vaccination recommendations may endanger the health or life of the unvaccinated student, others with whom they come in contact, and individuals in the community. In a disease outbreak, or after exposure to any of the diseases for which immunization is required, schools may exclude individuals who are not vaccinated to protect all students.

I have read the Religious Exemption Notice (above) and have provided requested information for each vaccination/examination being requested for religious exemption.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Signature of adult individual (required) Date

## HEALTH CARE PROVIDER\* - COMPLETE THIS SECTION | Please print or fill in electronically.

Yes, the above student has a medical condition that contraindicates the above vaccine. Please briefly describe:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Signature of Health Care Provider\* Health Care Provider Name Date\*\*

\_\_\_\_\_  
 Address Phone

\*Physician licensed to practice medicine in all of its branches (M.D. or D.O.), a local health authority, registered nurse employed by a school, college, or university, or a Health Department recognized provider.

\*\* Must be within 1 year prior to school entry.

# ILLINOIS CERTIFICATE OF MEDICAL OR RELIGIOUS EXEMPTION TO REQUIRED IMMUNIZATIONS AND/OR EXAMINATIONS



## INSTRUCTIONS FOR COMPLETING

### Who may use the Certificate of Medical or Religious Exemption to Required Immunizations and/or Examinations Form?

- Adult individuals who are requesting a medical or religious exemption to immunizations or examinations **must** use this form for students entering the university
- A separate form must be used for **each student** with a medical or religious exemption enrolled to enter the university
- This form may not be used for exemptions from immunizations and/or examination for personal or philosophical reasons. Illinois law does not allow for such exemptions. (See excerpts below from public Act 099-0249 enacted August 3, 2015 at page bottom.)

### How to complete the Certificate of Medical or Religious Exemption to Required Immunizations and/or Examinations:

- Complete the adult individual sections, which include key information about the student and the university the student will be entering, and the immunizations or examinations for which medical or religious exemption is being requested. Provide a statement of religious belief(s)/medical condition **for each vaccination/examination requested.**
- The form must be signed by the adult individual **AND** the individual health care provider\* responsible for performing the health examination.
- Submit the completed form to the Office of The Dean of Students at Concordia University Chicago on or before the first day of classes.

### Medical or Religious Exemption from Immunizations and/or Examination Form Process:

- Concordia University Chicago is responsible for determining whether the information supplied on the Certificate of Medical or Religious Exemption to Required Immunizations and/or Examinations Form constitutes a valid religious objection or medical exemption.
- Concordia University Chicago shall inform the adult individual, at the time that the exemption is presented, of exclusion procedures, should there be an outbreak of one or more diseases from which the student is not protected, in accordance with the Illinois Department of Public Health (IDPH) rules, Control of Communicable Diseases Code (77 Ill. Adm. Code 690).

\*Physician licensed to practice medicine in all of its branches (M.D. or D.O.), a local health authority, registered nurse employed by a school, college, or university, or a Health Department recognized provider.

#### Excerpt from Public Act 099-0249 enacted August 3 2015:

Adult individuals who object to health, dental, or eye examinations or any part thereof, or to immunizations or to vision and hearing screening tests on religious grounds shall not be required to undergo the examinations or immunizations if the adult individuals present to Concordia University a signed Certificate of Religious Exemption detailing the grounds for objection and the specific immunizations and/or examinations to which they object. The grounds for objection must set forth the specific religious belief(s) that conflict with the examination, immunization, or other medical intervention. The certificate will be signed by the adult individual to confirm their awareness of the university's exclusion policies in the case of a vaccine preventable disease outbreak or exposure. The certificate must also be signed by the individual's health care provider responsible for performing the student's examination for entry into the university. This signature affirms that the provider educated the adult individual about the benefits of immunization and the health risks to the student and to the community from the communicable diseases for which immunization is required in Illinois.

The religious objection provided need not be directed by the tenets of an established religious organization. However, general philosophical or moral reluctance to allow physical examinations, immunizations, vision and hearing screening or dental examinations will not provide a sufficient basis for an exception to statutory requirements. Concordia University is responsible for determining if the content of the Certificate of Religious Exemption constitutes a valid religious objection.

The university authority shall inform the adult of exclusion procedure in accordance with IDPH's rules, Control of Communicable Diseases Code (77 Ill. SAdm. Code 690) at the time the objection is presented.