Office of Student Life
300 East College Avenue
Eureka, Illinois 61530-1500
309.467.6419 Office
309.467.6349 Fax

Student Immunization Exemption Request Form

Overview & Instructions:
Under the Illinois College Immunization Code (77 Ill. Adm. Code 694), all students enrolled at higher education institutions in Illinois must provide proof of immunity against specific vaccine-preventable diseases. Illinois state law permits exemptions solely for valid Medical Contraindications or sincere Religious Objections. General philosophical, moral, or personal objections are not permitted under state law.

1. Medical Exemptions: Complete Section 1 and have your physician/provider complete Section 2.
2. Religious Exemptions: Complete Section 1 and Section 3, and obtain the required healthcare provider consultation signature in Section 3.
3. Deadlines & Submission: Completed forms must be submitted to the Office of Student Life / Health Services by the 10th day of classes for the requested term.
4. Outbreak Notice: Unvaccinated students may be excluded from campus, residence halls, and classes in the event of a vaccine-preventable disease outbreak for public safety.

SECTION 1: STUDENT INFORMATION

Full Name: _____

Student ID / DOB: _____

Campus Email: _____

Phone / Term: _____

SECTION 2: MEDICAL EXEMPTION CERTIFICATION (To be completed by Licensed Medical Provider)

Note to Provider: A medical exemption is granted when a vaccine is medically contraindicated due to a recognized clinical condition, severe allergy, or underlying health concern.

1. Exemption requested for the following vaccine(s):
[ ] Tdap / Tetanus-Diphtheria-Pertussis [ ] MMR (Measles, Mumps, Rubella)
[ ] Meningococcal Conjugate (MenACWY) [ ] Other: _____

2. Specific Medical Contraindication / Reason:

Provide and attach written documentation of specific medical contraindication and reasoning.

3. Duration of Medical Exemption: [ ] Temporary (Expiration Date: _____) [ ] Permanent / Duration of Enrollment

Provider Name & Credentials: _____ License #: _____
Provider Signature: _____ Date: _____
(Medical Office Stamp / Seal Required)

SECTION 3: RELIGIOUS EXEMPTION CERTIFICATE (In accordance with Illinois Law)

Illinois law requires that a request for religious exemption must set forth the specific religious belief(s) that conflict with immunizations. Moral or personal philosophical objections will be denied.

1. Exemption requested for the following vaccine(s):
[ ] Tdap [ ] MMR [ ] Meningococcal Conjugate [ ] All Required Immunizations

2. Student Statement of Religious Belief:

Provide and attach written documentation of student statement of religious belief and reasoning.

3. Healthcare Provider Counseling Acknowledgment (State Requirement):
I certify that I have counseled the student on the benefits and risks of immunizations and the health risks of communicable diseases.

Provider Name & Credentials: _____ Signature: _____ Date: _____

4. Student Acknowledgment & Outbreak Agreement:
I certify that the statement above reflects my sincere religious beliefs. I understand that in the event of a vaccine-preventable disease outbreak on campus or in the local community, I may be temporarily excluded from campus facilities, residence halls, and in-person classes for my protection and community safety without financial refund of tuition or fees.

Student Signature: _____ Date: _____

SECTION 4: INSTITUTIONAL REVIEW & ACTION (Internal Use Only)

Date Form Received: _____ Reviewed By: _____ Title: _____

Determination:
[ ] APPROVED — Exemption granted for: [ ] Medical [ ] Religious
[ ] DENIED — Does not meet Illinois state law criteria / incomplete documentation.

Authorized Signature: _____ Date: _____