

Certificate of Immunization Exemption Religious

Name Last: _____ First: _____ Middle: _____

Date of Birth: _____

Name of Religion: _____

Description of How Religious Beliefs Prohibit Immunization: _____

A religious exemption may be granted to an applicant if immunization conflicts with a genuine and sincere religious belief. A Certificate of Immunization Exemption for religious reasons shall be signed by the applicant or, if the applicant is a minor, by the parent or guardian or legally authorized representative.

By signing this certificate, you are attesting that the immunization conflicts with a genuine and sincere religious belief and that the belief is in fact religious, and not based merely on philosophical, scientific, moral, personal, or medical opposition to immunizations.

The Certificate of Immunization Exemption for religious reasons is valid only when notarized. Unless otherwise determined by Grinnell College, religious exemptions do not apply in times of emergency or epidemic as determined by the state board of health and declared by the director of public health.

In the event of an outbreak of a vaccine-preventable disease or for other health related reasons, Grinnell College reserves the right to deny non-immunized students access to campus or other College facilities. The length of time a student is excluded from school will vary depending on the type of disease and the circumstances surrounding the outbreak, and could range from several days to over a month.

By signing this form, I acknowledge the Iowa Department of Public Health has published information regarding immunizations on the Department's website, including:

- Information that failure to complete the required immunizations increases the risk to my child and others of contracting, carrying, and spreading a vaccine-preventable disease; and
- Information that there are children with special needs attending schools and child care who are unable to be vaccinated or who are at a heightened risk of contracting a vaccine-preventable disease and for whom such a disease could be life-threatening.

I hereby acknowledge that this exemption is a free and voluntary act, without coercion of any kind. I further hereby assume the risk of non-immunization and, on behalf of myself and my heirs, and representatives, release Grinnell College and all of its officers, trustees, employees, agents and representatives (in their official and individual capacities) from any and all liability whatsoever for any and all damages, losses, or injuries, including death, to applicant, that arise out of, or are in any way connected to the decision to not be immunized.

Signature: _____ Date: _____
Applicant

Signature: _____ Relationship: _____
Parent/Guardian

State of _____ County of _____

This instrument was acknowledged before me on _____
Date

By _____
Name(s) of Person(s)

Signature of Notary Public: _____

Title: _____

Seal or Stamp of Notary: