

INSTRUCTIONS FOR COMPLETING

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

Who may use the *Certificate of Religious Exemption to Required Immunizations and/or Examinations Form*:

- Adult individuals who are requesting a 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 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 Religious Exemption to Required Immunizations and/or Examinations Form*:

- 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 religious exemption is being requested. Provide a statement of religious belief(s) **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 Wellness Center at Dominican University on or before the first day of classes through the [Wellness Center Online Portal](#).

Religious Exemption from Immunizations and/or Examination Form Process:

- Dominican University is responsible for determining whether the information supplied on the Certificate of Religious Exemption to Required Immunizations and/or Examinations Form constitutes a valid religious objection.
- Dominican University 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).

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 Dominican 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, eye examinations, immunizations, vision and hearing screening or dental examinations will not provide a sufficient basis for an exception to statutory requirements. Dominican 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 individual of exclusion procedures in accordance with IDPH's rules, Control of Communicable Diseases Code (77 Ill. Adm. Code 690) at the time the objection is presented.

**ILLINOIS CERTIFICATE OF RELIGIOUS EXEMPTION
TO REQUIRED IMMUNIZATIONS AND/OR EXAMINATIONS FORM**

ADULT INDIVIDUAL - COMPLETE THIS SECTION

***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 16, 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 Name: (last, first, middle) 	Student Date of Birth: Month Day Year Gender: <input type="checkbox"/> M <input type="checkbox"/> F Other: _____	Student Email: 	Student ID:
Address: 	Telephone Number(s): 	Exemption requested for (mark all that apply): Hepatitis B DTaP Polio Hib Pneumococcal MMR Varicella Td/Tdap Meningococcal Health Exam Other (indicate below)	

To receive an exemption to vaccination/examination, an adult individual or must provide a statement detailing the 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 religious grounds for each request. If additional space is needed, attach additional page(s).

Religious Exemption 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 in order 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

Provision of information: I have provided the adult individual with information regarding **1) the required examinations, 2) the benefits of immunization, and 3) the health risks to the student and to the community from the communicable diseases for which immunization is required in Illinois**. I understand that my signature only reflects that this information was provided; I am not affirming the adult individual's religious beliefs regarding any examination, immunization or immunizing agent.

Signature of health care provider* Date: _____	Health Care Provider Name: Address: Telephone #: _____
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(Must be within 1 year prior to school entry)

*Health care provider responsible for performing adult individual health examination includes physicians licensed to practice medicine in all of its branches, advanced practice nurses, or physician assistants.