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School Immunizations – New Certificate of Religious Exemption Requirement [1]

12th Aug, 2015

Exemption certificate requires health care provider signature

SPRINGFIELD – Parents or legal guardians who object, for religious reasons, to their child being immunized for school entrance must submit a Certificate of Religious Exemption, which now must be signed by a health care provider. Signed into law on August 3, 2015, this new legislation requires a health care provider to sign the certificate confirming they have provided education to the parents or legal guardians about the benefits of immunizations and the health risks of not vaccinating students.

“Vaccines not only help protect vaccinated individuals, but also help protect entire communities by preventing and reducing the spread of infectious diseases,” said Illinois Department of Public Health (IDPH) Director Nirav D. Shah, M.D., J.D. “Because vaccines are not always 100 percent effective, it is important that as many people as possible are immunized to decrease the amount of disease circulating and help prevent illness and possibly even death.”

Educational information given by health care providers may include nationally accepted recommendations from federal agencies such as the Advisory Committee on Immunization Practices, information from vaccine information statements, and vaccine package inserts.

“We recognize the importance of providing an option for religious exemption, but we also understand there must be a balance between family rights and the health of all students,” said State Superintendent of Education Tony Smith, Ph.D. “This certificate ensures that parents and students are fully aware of the risks of not being immunized.”

The certificate also reflects the parents or legal guardians understanding that their child may be excluded from school in the case of a vaccine-preventable disease outbreak or exposure. Parents or legal guardians must submit the certificate to their local school authority prior to children entering kindergarten, sixth grade, and ninth grade. This new requirement will be in place for religious

exemption requests beginning October 16, 2015.

The new Certificate of Religious Exemption form will soon be available on both the IDPH and the Illinois State Board of Education (ISBE) websites.

Source URL: <http://www.dph.illinois.gov/news/school-immunizations-%E2%80%93-new-certificate-religious-exemption-requirement>

Links

[1] <http://www.dph.illinois.gov/news/school-immunizations-%E2%80%93-new-certificate-religious-exemption-requirement>

CHICAGO STATE UNIVERSITY

WELLNESS/HEALTH CENTER

9501 S. King Drive / ADM 131
Chicago, Illinois 60628-1598
Office: 773 995 2010
Fax: 773 995 2953

IMMUNIZATION EXEMPTION – Religion/Medical

Patient's Name: _____ Identification Number: _____
Address/City/State/Zip _____ Telephone #: _____

Exemption requested for (mark all that apply):

☐ Hepatitis B ☐ Polio ☐ MMR ☐ Varicella ☐ Td/Tdap ☐ Meningococcal

In accordance with the College Student Immunization Act, a Chicago State University student may be exempt from applicable immunization requirements as specified in the Act, on religious grounds.

In the space below, please provide a statement detailing your objection to the immunization. The objection must set forth the specific religious belief that conflicts with the immunization requirements. Note: Statements of general philosophical or moral reluctance to allow immunizations do not provide a sufficient basis for an exemption on the grounds of religious belief.

I affirm: 1) that the statements made above truly reflect my religious beliefs or practices; 2) that I will hold Chicago State University harmless should I contract a vaccine preventable disease; and; 3) that I will comply with any and all limitations placed upon me by the University or public health officials in the interest of public health should an outbreak of a vaccine preventable disease occur on campus or in the surrounding community.

Signature

Date

Submit the completed petition to the Chicago State University Wellness Center

☐ Approved

Initials

☐ Not Approved

Date

CHICAGO STATE UNIVERSITY

Exemption Petition Continued

I _____ am aware of the need to comply with Illinois Department of Public Health Part 694 College Immunization code.

I am requesting exemption due to the following:

- ☐ Religious Waiver – Please attach petition and letter by head of religious affiliate on official stationary signed by your religious leader.
- ☐ Medical Waiver – Medical exemption **must** accompany documentation from your primary care provider and/or waived by the Wellness/Health Center
- ☐ Pregnancy – EDC _____
- ☐ Medical Condition _____
- ☐ Enrolled for less than 6 hours in correspondence courses.

Provision of information: I have provided the parent or legal guardian of the student named above, 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 parent or legal guardian's religious beliefs regarding any examination, immunization or immunizing agent.

Signature of Student

Date

Required Healthcare Provider Verification and Stamp Required	
HEALTH CARE PROVIDER (MD,DO,APN,NP,PA,RN,PLN,PharmD) VERIFY IMMUNIZATIONS WERE GIVEN	
Provider Name (print):	Signature and credentials: Date:
Address (including City/State/Country/Zip or Postal Code):	Phone:
RELIGIOUS AFFILIATION	
Religious Leader Name (print):	Signature and credentials: Date:
Religious Organization Affiliation Name (print):	
Address (including City/State/Country/Zip or Postal Code):	Phone: