

**IMMUNIZATION EXEMPTION REQUEST FORM**

Last name	First name	DOB (month day year)	ID (A number or RUID)
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1. RELIGIOUS EXEMPTION:

- A written statement is required from the student explaining the conflict with religious beliefs for a religious exemption. A religious exemption is not the same as a philosophical, moral or conscientious exemption.

2. MEDICAL EXEMPTION:

- A statement from a doctor explaining the medical contraindication is required for a medical exemption, including the time period for which the exemption is valid.
- Medical Exemptions are to be reviewed annually and students who no longer have a valid or documented medical reason for the exemption will be required to receive and document the missing immunizations.

3. IMPORTANT NOTE: In the event of a contagious outbreak, any student who has been exempted from immunizations will not be allowed to remain on campus until the outbreak is declared over.

4. IMPORTANT NOTE: Exemption requests are evaluated on a case-by-case basis and are not automatic. Additional requirements may apply to RBHS students.

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**I am requesting an exemption from the immunization requirements:**

☐ **MEDICAL REASON:** Reason and time period must be explained by physician. Please explain:

Healthcare Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

☐ **RELIGIOUS REASON:** Receipt of vaccination and immunization would conflict with student's sincere religious beliefs. Please explain (*Must be explained by student*):

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_