



# Saint Xavier

## UNIVERSITY

Health Center

To Whom It May Concern:

I, \_\_\_\_\_, (Name of student) hereby assert that receiving immunization(s) would be contrary to my religious beliefs. Therefore, I shall be exempt from the required immunizations specified by the State of Illinois College Immunization Code (Ill. Admin. Code 694) and shall be permitted to attend classes at Saint Xavier University except in the case of a vaccine-preventable disease outbreak on campus. I understand that by not receiving these vaccines I am at increased risk of becoming infected with vaccine-preventable diseases, which may result in serious medical complications and even death.

**\*\*Attached is my originally written, signed statement that specifies the religious belief that conflicts with receiving immunizations\*\***

\_\_\_\_\_  
Signature of Student

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date of Birth

\_\_\_\_\_  
SXU ID Number

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Today's Date

\_\_\_\_\_  
Signature of Parent/Guardian (Only if student is under 18 years of age)