INSTRUCTIONS FOR COMPLETING

LAKE FOREST COLLEGE CERTIFICATE OF RELIGIOUS EXEMPTION TO REQUIRED IMMUNIZATIONS

Who may use the Certificate of Religious Exemption to Required Immunizations Form?

- Students entering Lake Forest College that are aged 18 or older
- Parents of students entering Lake Forest College that are less than 18 years of age

What is the process for applying for a Religious Exemption to Required Immunizations?

- Fully complete the demographic information and the statement detailing the religious beliefs that prevent immunization as requested on the following page.
- Sign and date the form: If student is under the age of 18, a parent or legal guardian must sign as well.
- A member of the Health & Wellness Center will review the certificate and determine if the information supplied constitutes a valid religious objection as defined by Illinois Public Act 099-0249 enacted August 3, 2015. If follow-up is required, Lake Forest College Health Staff will contact the student.
- In the event of an outbreak of one or more diseases from which the student is not protected, and in accordance with the Illinois Department of Public Health (IDPH) rules, Control of Communicable Diseases Code (77 Ill. Adm. Code 690) the student will be informed of exclusion procedures.

Religious Exemption Notice:

- No student is required to have an immunization that is contrary to the religious beliefs of the student or parent/legal guardian (if the student is a minor). 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, it is the right of Lake Forest College to exclude students from campus who are not vaccinated in order to protect all students, faculty, and staff.
- General philosophical or moral reluctance to allow immunizations will not provide a sufficient basis for an exception to statutory requirements.
LAKE FOREST COLLEGE CERTIFICATE OF RELIGIOUS EXEMPTION TO REQUIRED IMMUNIZATIONS

Student Name: _________________________________________________________________
Student Date of Birth: ____________________  Telephone number: ______________________
Address: ______________________________________________________________________
Parent/Guardian Name if student is under the age of 18: _______________________________

Exemption requested for which of the following required immunizations:
□ Diphtheria, Tetanus, Pertussis Series    □ TdaP within 10 years
□ Measles     □ Mumps     □ Rubella     □ MMR (combination of measles, mumps, rubella)
□ Meningococcal at age 16 or later

To receive an exemption to vaccination you must provide a statement detailing the specific religious belief that conflicts with each of the immunizations listed above. The religious objection may be personal and need not be directed by the tenets of an established religious organization. General philosophical or moral reluctance to allow immunizations will not provide a sufficient basis for an exception to statutory requirements. Use the following space (attach additional page(s) if needed):
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

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I have read the Religious Exemption Notice (above) and have provided requested information for each vaccination being requested for religious exemption.
_________________________________________________________________________
Signature of student or parent/legal guardian if a minor (required)  Date