

Fall 20 _____

Spring 20 _____

Summer 20 _____



UNIVERSITY of HAWAII®
SYSTEM

**Request for Exemption
From COVID-19 Vaccination on Religious Grounds**

On May 17, 2021, the University of Hawai'i announced that beginning in the fall 2021 semester, the COVID-19 vaccination would be part of the health clearance requirements for students. To submit for an exemption based on Religious Grounds, complete the information below and submit this form to your Home Campus Records Office or Student Health Center.

Student's Name: _____ UH ID/Username: _____

Phone: _____ UH Email Address _____

UH Home Campus: _____

By signing below:

I certify that this vaccination conflicts with my bona fide religious tenets and practices and understand the benefits and risks of the vaccinations I am required to have for post-secondary school attendance, the risk of contracting the diseases that vaccines prevent, and the risk of transmitting disease to others. I understand that this form may not be used for personal or philosophical reasons and that a request for religious exemption based on objections to specific vaccines will not be granted.

I understand that by not receiving a vaccination, I will be susceptible to preventable diseases for which the vaccination offers immunization, and hereby release the University of Hawai'i from any and all claims I may have as a result of contracting such diseases.

I further understand that my exempt status will be revoked and I may be excluded from University of Hawai'i campuses, facilities, sponsored events, residence halls and classes pursuant to a mandate and/or order of the University of Hawai'i, and/or a federal, state, or local government authority in the event of a health emergency, and will remain excluded until the mandate or order is lifted or I receive the required vaccination(s).

Finally, I understand and agree that I will be responsible for any financial or academic impact to me that may incur as a result of my exclusion and I hereby release the University of Hawai'i from any and all claims I may have as a result of the exemption or the exclusion.

Student's Signature: _____ Date: _____

Parent/Guardian Name
[if student is <18 years]: _____ Signature: _____

For Office Use Only:

Effective Term _____ Processed By: _____ Processed Date: _____