

UNIVERSITY OF HAWAII MAUI COLLEGE
CAMPUS HEALTH CENTER

310 Ka'ahumanu Avenue
Kahului, HI 96732

Phone: (808) 984-3493
Fax: (808) 242-1578

Request For Religious Exemption From Immunization

I certify that immunization conflicts with my bona fide religious tenets and practices

I understand that I am susceptible to vaccine preventable diseases. If at any time there is, in the opinion of the Hawaii State Department of Health, danger of an outbreak or epidemic from any communicable disease for which immunization is required, this exemption from immunization shall not be recognized. I understand that I will be excluded from school until the threat of an epidemic is over or I receive the proper immunization.

(Hawaii Revised Statutes 302A-1157)

Name _____

SSN/School ID # _____ Date of Birth _____

Signature _____ Date _____