

**RELIGIOUS EXEMPTION REQUEST FORM**

**BEU HEALTH CENTER  
WESTERN ILLINOIS UNIVERSITY  
#1 UNIVERSITY CIRCLE  
MACOMB, IL 61455  
Phone: 309-298-1888; Fax: 309-298-2188**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**I.D. #:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**WITNESS:** \_\_\_\_\_

Western Illinois University requires that any individual who requests exemption from the immunization laws of the State of Illinois based on religious reasons provide the following documentation:

- 1) Completed religious exemption form

AND

- 2) Statement from church signed by pastor or clergy-person on letterhead from the religious organization

**NOTE:**

- 1) General philosophical or moral objection to immunization shall not be deemed adequate for an exemption under any circumstances.
- 2) Any time you are granted an exemption you must realize that reported cases of measles, mumps or rubella will necessitate you leave campus for your own protection.