

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

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.