



# University – Religious Immunization Exemption Certificate

## For Use in Universities

Nevada State Immunization Program • 4150 Technology Way Suite 210 • Carson City, NV 89706

<http://dpbh.nv.gov/Programs/Immunizations/> • (775) 684-5900 • [nviz@health.nv.gov](mailto:nviz@health.nv.gov)

### Instructions for completing a Religious Immunization Exemption Certificate

**Section 1:** Enter university and student information.

**Section 2:** Have parent/guardian or student (if the student is 18 years of age or older) initial, sign, and date.

**Section 3:** For university use only: Obtain university signatures and dates.

Section 1: University and Student Information				
Name of University (accepting exemption)	Street Address	City	Zip Code	Phone
Student Name		Date of Birth	NSHE ID#	
Street Address		City	Zip Code	Phone
Section 2: Immunization Exemptions (To be completed by parent/guardian, or student if the student is 18 yrs. old or older)				

I assert that the above student is requesting to be exempt from the vaccine(s) checked below because his or her religious beliefs prohibit immunizations:

MenACWY   
 MMR   
 Td/Tdap   
 COVID-19

Receiving a COVID-19 vaccination series will violate my sincerely held religious belief(s) as follows:

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I understand the risks of refusing to vaccinate based on my religious beliefs. I know that I may re-address this issue at any time and complete the required vaccinations.

_____ Initials	I understand the risk of contracting the disease(s) that the vaccine(s) prevent.
_____ Initials	I understand the risk of transmitting the disease(s) to others.
_____ Initials	I understand that, if an outbreak of vaccine-preventable disease should occur, an exempt student will be excluded from university by the university administrative head for a period of time as determined by the Nevada Division of Public and Behavioral Health based on a case-by-case analysis of public health risk.
_____ Initials	I understand that this form must be submitted annually based on an enrollment schedule set by the university.

\_\_\_\_\_  
Signature of Parent/Guardian or Student  
(if the student is 18 years of age or older)

\_\_\_\_\_  
Date

Section 3: For University Official Use Only: Please provide date and signature	
_____ University Enrollment Official or Designee Signature	_____ Date
It is the responsibility of the administrative head of the university to secure compliance with the regulations. The administrative head of the university shall exclude students who have not received the minimum number of required immunizations and who are not exempt pursuant to the regulations.	