



### Application for Religious Exemption from Required Vaccination

866 Campus Drive, Stanford, CA 94305-8580  
Phone: (650) 498-2336

Name of Student: \_\_\_\_\_ DoB: \_\_\_\_\_ Stanford ID: \_\_\_\_\_

I am requesting a Religious Exemption from the university’s requirement to have the following vaccination. I understand I must submit a separate application for each vaccine exemption requested and complete the questions below for each request.

- Measles/Mumps/Rubella (MMR)\*                       Hepatitis B\*\*                       Varicella\*\*
- Tetanus/Diphtheria/Pertussis (Tdap)\*\*                       Varicella\*\*                       Influenza\*\*
- Covid-19\*\*\* (be specific as to type): \_\_\_\_\_

*\*vaccine required for ALL students*

*\*\*vaccine required for medical/physician assistant students only*

*\*\*\*vaccine requirement (or lack thereof) is subject to change based on county and campus directives (check Vaden website)*

\*\*\*\*\*

1. What is the name of your religion?

2. How long ago and how did you come to follow or subscribe to it?

3. What sources (e.g., sacred texts, religious authorities) indicate that immunization is prohibited?

Please give specific references.

4. How does your religion address your social obligations to your broader community? What if, by declining immunization, you contributed to harming others? Would you, for example, voluntarily quarantine yourself in the event of an outbreak?

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Use back of page if additional space is needed. Questions and completed forms may be:

- directed to the Executive Director, Vaden Health Center, 866 Campus Drive, Stanford, CA 94305-8580, OR
- submitted via ServiceNow at [https://stanford.service-now.com/student\\_services](https://stanford.service-now.com/student_services) (select: Student Health; Inquire about Student Health Requirements)