



REQUEST FOR RELIGIOUS EXEMPTION FORM

Student Information

Last Name/Surname

First Name

Middle Initial

Date of Birth (mm/dd/yyyy)

HPU Student ID Number

Student's Home Address:		City/State:	Zip:
Name of Post-Secondary School or University:		Street Address:	City/State:
Hawai'i Pacific University		1 Aloha Tower Drive	Honolulu, Hawai'i
		Zip:	96813

Please read each statement + initial your understanding.

COMPLETE ALL OF THE FOLLOWING:

_____ Initials Here	I certify that immunization conflicts with my bona fide religious tenets and practices.
_____ Initials Here	I understand that if at any time there is, in the opinion of the 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 and I will be excluded from post-secondary school until the threat of an epidemic is over or I receive the proper immunization.
_____ Initials Here	I understand that a request for religious exemption based on objections to specific vaccines will not be granted.

I understand the benefits and risks of the vaccinations I am required to have for post-secondary school attendance, the risk of contracting the diseases that vaccines prevent, and the risk of transmitting disease to others. I understand that this form may not be used for personal or philosophical reasons.

Student Signature

Date (MM/DD/YYYY)

HAWAII REVISED STATUTES: §302A-1156, §302A-1157, §325-34
HAWAII ADMINISTRATIVE RULES: §11-157-5

