RELIGIOUS BELIEFS OR PERSONAL TENETS EXEMPTION

Prior to enrollment, the Alachua County Health Department (ACHD), in collaboration and support of the University of Florida’s (UF) Immunization Policy, offers this letter of Religious Beliefs or Personal Tenets Exemption for students choosing to decline immunizations based on their religious beliefs or personal tenets.

I affirm and attest that my personally held religious beliefs and practices or personal tenets preclude me from receiving immunization(s), including those required by the University of Florida prior to attending UF.

I have read UF’s Immunization Policy and I understand the risks associated with failing to be immunized and request exemption from these requirements. I also understand that I will be excluded from attending classes or other campus activities on the UF campus for the duration of a vaccine-preventable disease emergency until such time as is specified by the ACHD director or the director of the UF Student Health Care Center (SHCC).

I agree that I shall be solely responsible for any costs associated with my exclusion from classes or university activities. I am aware that should such exclusions affect my grades and attendance records, I will be ineligible to apply for either a medical course drop or withdrawal for exceptional circumstances (medical) due to a situation or situations resulting from a vaccine-preventable incident.

I understand that electing to receive other vaccines during my attendance at the university will negate my religious/personal tenets exemption status and I will be required to meet the UF requirements.

_________________________________________  _______________________
Student Name (please print)                      UFID

_________________________________________  _______________________
Student Signature                                Date

_________________________________________  _______________________
Parent/Guardian Name if under 18 (please print)  

_________________________________________  _______________________
Parent/Guardian Signature                        Date