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| **Request for a Religious Exemption to SFSU Immunization Requirements** |

San Francisco State University (SFSU) policy requires that all students ages 18 and younger are required to provide proof of full immunization against hepatitis B (HepB) prior to enrollment per California Health & Safety Code (HSC), Sections 120390-12039.7. All new incoming students are also required to complete tuberculosis (TB) risk screening questionnaire, as recommended by the CDC, American College Health Association (ACHA), and California Department of Public Health (CDPH). For students seeking eligibility for SFSU Campus Housing, SFSU students are required to complete the requirements for all students as indicated above (i.e. HepB & TB), and provide proof of full immunization for the following immunizations, in accordance with California Department of Public Health (CDPH) recommendations and the CDC: measles, mumps, rubella (MMR); varicella (VAR); tetanus, diphtheria, and pertussis (Tdap); COVID-19; meningococcal ACWY; and, hepatitis B.

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| **TO BE COMPLETED BY SFSU STUDENT** | | |
| Student Name | | Date of Request |
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| SFSU ID | | Date of Birth |
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| I am requesting a Religious Exemption from the CSU Immunization Policy as stated in Executive Order 803. | | | |
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| Please initial each of the acknowledgements below: | | | |
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| \_\_\_\_\_ | I herein request a Religious Exemption from CSU Immunization Policy as stated in Executive Order 803 due to my sincerely held religious belief, observance, or practice which includes any traditionally recognized religion, or practices that I sincerely hold and that occupy a place of importance in my life, comparable to that of traditionally recognized religion. | | |
| \_\_\_\_\_ | I acknowledge that unvaccinated persons are at increased risk of developing any of the conditions for which immunizations are required, if exposed to any of these diseases. | | |
| \_\_\_\_\_ | I understand that I may be required to take additional health measures by the University, or the local health authority during outbreaks based on my immunization status. This may include, but is not limited to wearing additional personal protective equipment, such as facial coverings, regular testing, or modification of participation in University in-person activities or attending classes. | | |
| \_\_\_\_\_ | I acknowledge that I may change my mind at any time and submit documentation of a completed vaccination series and nullify this exemption. | | |

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| **ATTESTATION** | | |
| I hereby verify the truth and accuracy of the above declaration and agree that, upon the University’s request, I will promptly provide a statement that describes the applicable religious or other comparable belief that is the basis for this Religious Exemption. I confirm that the information that I have provided is accurate and truthful to the best of my knowledge. I also understand that violations of this policy, including dishonesty may be subject to consequences under the Student Conduct Code, as outlined in procedures in CSU Executive Order 1098, Student Conduct Procedures or employee discipline pursuant to California Education Code Section 89535. | | |
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| Student Signature |  | Date |