Carnegie Mellon University
Application for Religious Belief/Strong Moral or Ethical Conviction
Exemption from Vaccine Administration

Name: ____________________________________________  Date of Birth (MM/DD/YY):
(Print Last, First, MI) ____________________________________________

Andrew ID (If applicable): __________________________ Email Address: _______________________________

Phone Number: ________________________________

Instructions: Please complete this application, and submit the completed form to health@andrew.cmu.edu or fax to
412-268-6357. Information will be kept only in your confidential electronic health record. Your
application will be reviewed, and you will receive a secure message through HealthConnect notifying
you of the decision. If your request is granted, your vaccination compliance record will be updated. You
may check your compliance record to verify your information at https://www.cmu.edu/health-
services/healthconnect/index.html.

Attestation:
By signing this application, I am requesting a religious belief/strong moral or ethical conviction
exemption from vaccination for one or more of the following immunizations required by Carnegie
Mellon University (“CMU”) for incoming and/or current students:

_____ Meningococcal ACWY (required only for students living on campus)
_____ MMR- Measles, Mumps, and Rubella
_____ Varicella
_____ COVID-19

By signing this application, I attest that:

• I adhere to a religious belief whose teachings are opposed to such immunizations OR hold a
  strong moral or ethical conviction like a religious belief that is opposed to such immunizations.
• I have reviewed the information on the risks associated with these diseases provided by CMU on
  its University Health Services website at https://www.cmu.edu/health-services/new-
  students/index.html#immunizations.
• I have been informed that I may be placing myself and others at risk of serious illness should I
  contract a disease that could have been prevented through proper vaccination.
• I understand that a student who has been exempt from a vaccination is still considered
  susceptible to the disease(s) for which the vaccine offers protection.
• I understand that, for the safety of the campus community, I will be required to comply with CMU’s infection control measures, which may include removal from CMU if CMU and/or a local or state public authority advises removal due to a communicable disease outbreak.
• I understand that, if I am applying for an exemption from COVID-19 vaccination, I must comply with CMU’s COVID-19 mitigation protocols.

Please describe your religious belief/moral or ethical conviction that is contrary to vaccination:

__________________________________________  Date:____________
Student Signature

__________________________________________  Date:____________
Signature of Parent/Legal Guardian (if under age of 18)

__________________________________________  Date:____________
Printed Name of Parent/Legal Guardian (if under age of 18)