

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

Name: \_\_\_\_\_  
(Print Last, First, MI)

Date of Birth (MM/DD/YY):

\_\_\_\_\_

Andrew ID (If applicable):

\_\_\_\_\_

Email Address:

\_\_\_\_\_

Phone Number:

\_\_\_\_\_

**Instructions:**

Please complete this application, and submit the completed form to [health@andrew.cmu.edu](mailto: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:**

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My signature indicates that the information I am providing in completing this form accurately reflects my sincerely held religious belief/moral or ethical conviction.

\_\_\_\_\_ **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)**