



Office of Student Health Services
 1 Drexel Drive – Box 36
 New Orleans, La.70125

Office: (504) 520-7396
 Fax: (504) 520-7962

REQUEST FOR RELIGIOUS EXEMPTION TO IMMUNIZATION AND/OR COVID-19 VACCINE

Name: _____ Student ID#: _____

DOB: _____ XULA E-mail: _____

Home Phone: _____ Cellular Phone: _____

I request a religious exemption for the immunization(s) and/or COVID-19 vaccine checked below:

Measles ___ Mumps ___ Rubella ___ Tetanus ___ Meningitis ___ COVID-19 Vaccine ___

Pursuant to Louisiana R.S.17:170: In the event of an outbreak of a vaccine-preventable disease at the location of an educational institution or facility enumerated in Subsection A of this Section, the administrators of that institution or facility are empowered, upon the recommendation of the Office of Public Health, to exclude from attendance unimmunized students and clients until the appropriate disease incubation period has expired or the unimmunized person presents evidence of immunization. I understand that if I claim exemption for the reason stated above I may be excluded from campus and classes in the event of an outbreak as stated in Louisiana State Legislature R.S.17:170. I also understand that if I claim exemption for the reason stated above I will not be allowed to reside in on-campus housing or any of the university satellite housing units located off the main campus.

If I am not 18 years of age, my parent or legal guardian must sign below. I do further hereby now and forever free and release the University and the Department of Health and Hospitals and all its agents, attending health care professionals, and other personnel from any and all legal or financial responsibility as a result of this refusal.

I further understand that Xavier University of Louisiana is not required to provide this exemption if doing so would pose a direct threat to myself or others attending the university or would create an undue hardship for Xavier University of Louisiana. I understand that any falsified information can lead to disciplinary action imposed by the university's Student's Conduct Office.

Student Signature: _____

Date: ___/___/___

(Student 17 yrs. or younger, parent or legal guardian must sign below.)

Parent/Guardian Signature: _____

Date: ___/___/___

Section 2 – Religious Immunization / Vaccination Exemption Attestation

Please provide a statement and supporting documentation from an authorized representative of the church, temple or religious institution describing the religious principles that guide the objection to immunization, and supporting documentation.

I affirm that the information in this exemption request is correct and that the immunizations and/or vaccinations to which the above named individual object conflict on religious grounds.

Clergy/Religious Representative Name (print): _____

Clergy/Religious Representative Signature: _____ Date: _____

Address: _____ Phone#: _____