



CAL POLY
Campus Health & Wellbeing

Cal Poly State University
Campus Health & Wellbeing
One Grand Ave, San Luis Obispo, CA 93407-0210
Phone: 805-756-1211; Fax 805-756-5298

Religious/Personal Belief Exemption to Immunizations Policy

Beginning Fall 2023, California Polytechnic State University new enrollees ages 18 and younger are required to provide proof of Hepatitis immunization per Executive Order 803. Additional immunization requirements (MMR, Meningococcal B, Meningococcal conjugate, Tdap, and Varicella) are required for students living in campus housing, participating in intercollegiate athletics, and/or traveling internationally. Details about immunization requirements can be reviewed at <https://chw.calpoly.edu/health/immunizations>.

California Polytechnic State University allows for religious and personal belief exemptions to immunization requirements. The religious and personal exemption request requires form completion and signature by the student (and guardian if the student is a minor). If the information provided is incomplete or ambiguous, the exemption request may be denied.



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Religious/Personal Belief Exemption to Immunizations Form

Full Name (Print):	Date of Birth:
Email:	Phone number:

I request immunization exemption(s) due to my religious and/or personal beliefs.

I have reviewed the California Polytechnic University immunization exemption policy.

I have read and understand the university immunization requirements and the potential risks associated with not completing required immunizations.

I acknowledge that I can contact Campus Health & Wellbeing for additional information regarding these requirements.

I acknowledge the option to obtain required immunizations at the Student Health Center and I decline this option.

I understand that Cal Poly will ask me to comply with any non-pharmaceutical interventions applicable to my circumstances based on public health conditions at the university. The non-pharmaceutical interventions are defined by California and San Luis Obispo Public Health, Environmental Health and Safety, and/or infection prevention authorities.

Student Signature: _____ **Date:** _____

*****If you are a minor, your parent or legal guardian must also sign. *****

Parent/Legal Guardian Name Print: _____

Parent/Legal Guardian Signature: _____ **Date:** _____

Submit forms to Campus Health & Wellbeing. Refer to <https://chw.calpoly.edu/health/immunizations> for instructions.