



**Influenza Vaccine Exception
Religious Exception Request Form**

Please print the following

Name: _____ Date of birth: _____

Phone number: _____ Date of request: _____

Please explain why you are requesting a religious exception to the MICA 2024-2025 influenza season vaccination policy:

If you believe that any documentation or other sources support your religious exception request, you may submit it with this request form. Are you submitting any supporting documentation with this request?

Yes No

I verify that the above (and/or attached) documentation is accurate, and I understand that this information is being submitted for preliminary review. I understand that my request may require additional review, including but not limited to where MICA has a basis to question the religious nature or sincerity of a particular belief, and I will make good effort to comply with any attempts from MICA to understand or accommodate my request through additional communication and/or documentation. I understand that failure to comply with requests for additional information may result in denial of the exception request.

Signature: _____ Date: _____

Print Name: _____

Please **upload** this completed form to the Student Health Center's online patient portal, [Medicat](#) found on the Student Health Center's webpage.

OFFICE USE ONLY

APPROVED BY: _____ **APPROVAL DATE:** _____

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