



MILLIKIN UNIVERSITY®

MILLIKIN/DMH HEALTH CENTER

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Decatur, Illinois 62522

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Employee Vaccination Exemption Form

Employee Name: _____

Employee Millikin Identification Number: _____

Please indicate the mandated vaccinations for which you are requesting exemption:

Please write a short statement explaining the strongly held religious, personal, or medical beliefs that give cause to your request for exemption:

I affirm that the statement made above truly reflects my beliefs and practices. I understand that should an outbreak of a vaccine preventable disease or virus occur on campus or in the community, I may be required to curtail my normal activities and may be asked to avoid contact with other persons in the interest of public health. I further understand that should I contract a vaccine preventable disease or virus, I will hold the university harmless and will comply with any and all limitations placed upon me by Millikin University or Public Health Officials. I understand that I will be treated no differently, other than through enhanced mitigation measures, than any other person who has not demonstrated immunity to vaccine preventable diseases and viruses.

Employee Signature

Date

Submit this completed petition to Human Resources

FOR OFFICIAL USE ONLY

_____ Approved _____ Denied

_____ Human Resources Representative _____ Date

Upon completion, petition will be maintained at Human Resources.