Hamilton

Thomas Brown Rudd Health Center

REQUEST FOR RELIGIOUS EXEMPTION TO IMMUNIZATIONS FORM

Student Name:_____ Date of birth:_____
Student ID#:_____ Grad Year:_____

This form is for your use for a **religious** exemption to Public Health Law immunization requirements. Its purpose is to establish the religious basis for your request since the State permits exemptions on the basis of a sincere religious belief. **Philosophical, political, scientific, or sociological** objections to immunization do **not** qualify for an exemption under Department of Health regulation 10 NYCRR, Section 66-1.3(d), which requires the submission of:

A written and signed statement stating you have sincere and genuine religious beliefs which prohibit you from receiving immunizations.

In the area provided below, please write your statement. This statement **must** address **all** of the following elements:

- Explain in your own words why you are requesting this religious exemption.
- Describe the religious principles that guide your objection to immunization.
- Indicate whether you are opposed to all immunizations, and if not, the religious basis that prohibits particular immunizations.

I hereby affirm the truthfulness of the forgoing statement.

_____ _____
Student Signature *Date*

Hamilton College / 198 College Hill Road / Clinton, NY 13323 / 315-859-4111 / Fax: 315-859-4963
www.hamilton.edu/college/health_center