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.

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I hereby affirm the truthfulness of the forgoing statement.

__________________________  _________________________
Student Signature  Date