Hamilton

The Joel and Elizabeth Johnson Center for Health and Wellness

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 immunizations 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*

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www.hamilton.edu/college/health_center