REQUEST FOR RELIGIOUS EXEMPTION TO IMMUNIZATION FORM

PERSONAL STATEMENT

Name of Student: _____

Identification Number: _____

Name of Parent(s)/Guardian(s): _____

Name of College/University: Alfred University

This form is for your use in applying 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 justify an exemption under Department of Health regulation 10 NYCRR, Section 66-1.3 (d), which requires the submission of:

A written and signed statement from the parent or guardian, if student is under the age of 18, stating that the parent, parents, or guardian objects to their child's immunization, due to sincere and genuine religious beliefs, which prohibit the immunization of their child. In the case that the student is an adult, a personal statement to one's objection or decision to decline immunization due to sincere and genuine religious beliefs can be accepted.

In the area provided below, please write your statement. The 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.

You may attach to this form additional written pages or other supporting materials if you so choose.

Please continue your statement on page 2, if necessary

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I hereby affirm the truthfulness of the forgoing statement and have reviewed the informational immunization materials provided to me by the university.

Signature of Student **Date**

Signature of Parent/Guardian **Date**