



REQUEST FOR RELIGIOUS EXEMPTION

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Semester of Entry: \_\_\_\_\_

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 based on 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 student (or parent/guardian if student is under 18 years of age) stating that the student/parent/guardian objects to immunization due to sincere and genuine religious beliefs which prohibit immunization. Supporting documents may be required.

Examples of supporting materials are:

- A letter from an authorized representative of the church, temple, religious institution, etc. attended by the student/parent/guardian, literature from the church, temple, religious institution, etc. explaining doctrine/beliefs that prohibit immunization.
- Other writings or sources upon which the student/parent/guardian relied in formulation religious beliefs that prohibit immunization.

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.

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