HOUGHTON COLLEGE STUDENT HEALTH CENTER

REQUEST FOR RELIGIOUS EXEMPTION TO IMMUNIZATIONS

To be filled out by the student if age 18 or older.

Name of Student _____ Date of Birth _____

This form is for your use in applying for a religious exemption to Public Health Law immunization requirements for post secondary students in The State of New York. 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 Public Health Law Section 2165, Section 2167 and Title 10 New York Codes, Rules and Regulations Subpart 66-2.

A written and signed statement from the student (parent/guardian for students under age 18) must include 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 on the following page

Please sign in the space provided below.

I hereby affirm the truthfulness of the forgoing statement.

_____ _____

Signature of Student **Date**

_____ _____

Signature of Parent/Guardian if under age18 **Date**

Your request will be reviewed by a designated Houghton College administrative representative.

- □ **REQUEST APPROVED**
- □ **REQUEST DENIED DUE TO:**

_____

Signature and Title of Reviewer

_____

Date