

Request for Religious Exemption to Immunization Requirements

Houghton University Student Health Center

Name: _____

DOB: _____

This form is for your use in requesting 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, 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.

Please provide a written statement outlining the above elements. You may attach to this form additional written pages or other supporting materials if you so choose.

(Please continue on the following page)

Written statement (continued)

I hereby affirm the truthfulness of the forgoing statement and attest that it reflects my own sincere, personally held, religious beliefs.

In addition, I understand that if a case of measles, mumps or rubella is diagnosed on campus, as an unvaccinated student, I will likely be required to leave campus and remain off-campus until the exposure risk/outbreak is over, which may be an extended period of time. If that happens, I accept the financial and academic implications of that absence.

Student Signature: _____ Date: _____

Parent/guardian signature: _____ Date: _____

(Required if participant is under 18 years old; not accepted if student is 18 years or older)

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

REQUEST APPROVED

REQUEST DENIED, DUE TO:

Signature and Title of Reviewer: _____ Date: _____