



**REQUEST FOR RELIGIOUS EXEMPTION TO IMMUNIZATION**

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

Identification Number: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_  
(if under 18 yrs of age)

This form is to be used in applying for a religious exemption to Public Health Law Immunization requirements for yourself or your child. The State permits exemptions on the basis of a sincere religious belief. The information requested below will establish the religious basis for your request. Philosophical, political, scientific or sociological objections to immunization do not justify an exemption under Department of Health regulation 10NYCRR, Section 66-1.3 (d) which requires :

A written, signed statement from the student or parent/guardian (if under age 18 yrs) stating the objection to immunizations due to a genuine, sincerely held religious belief which prohibits immunization. The Director of Health Services and /or the Chief of Student Development of Davis College may require supporting documents.

In the space below, please write your statement. **ALL** of the following elements **must** be addressed.

- \* 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 or the religious basis that prohibits the particular immunization(s) you wish to be exempted from.

Additional written pages of supporting materials may be attached if you wish. Examples follow.

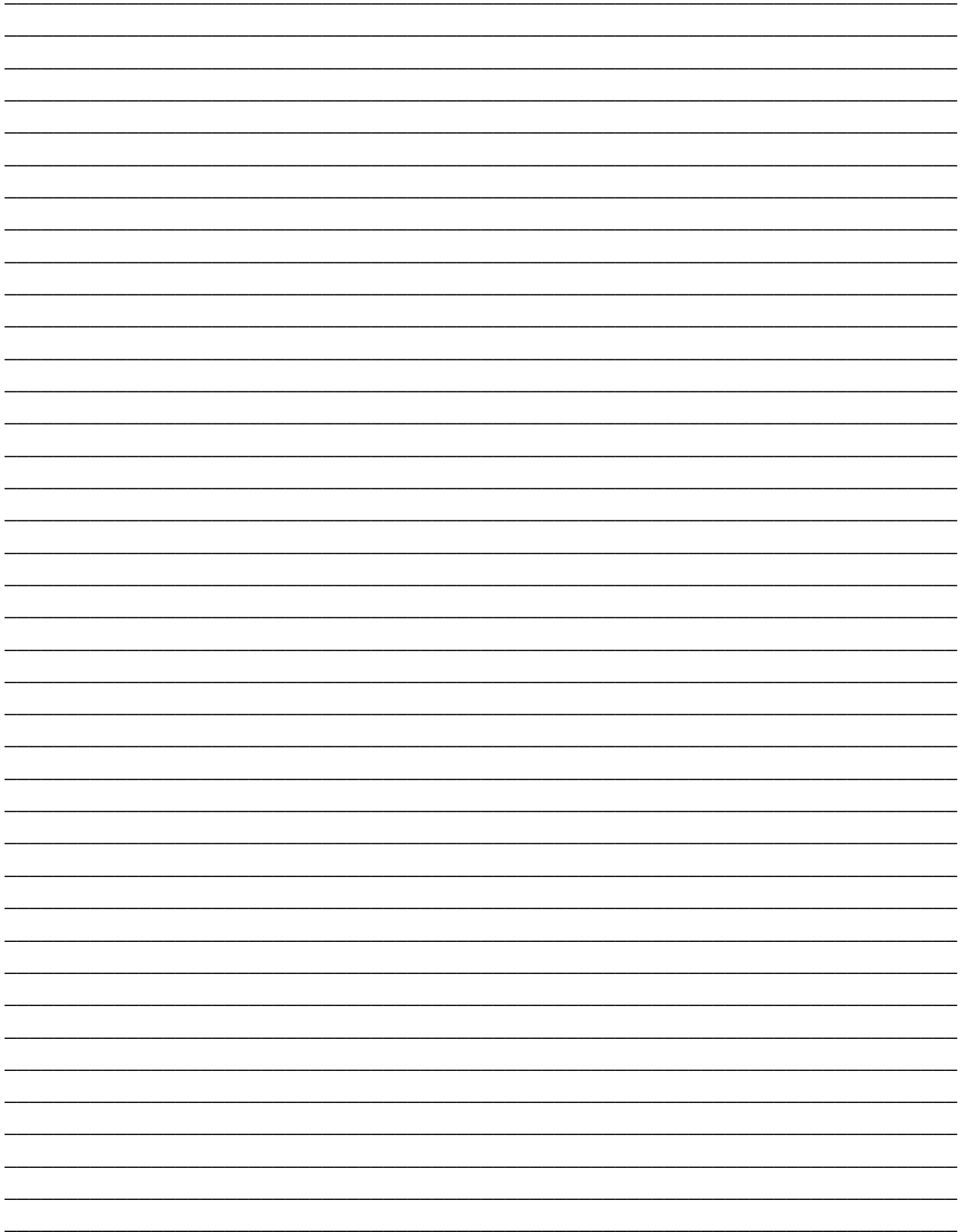
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\* A letter from an authorized representative of the church, temple, religious institution attended by the student or parent/guardian, literature from the above explaining doctrine/beliefs that prohibit immunization. (You need not necessarily be a member of an organized religion or religious institution to obtain a religious exemption.)

\* Other writings or sources upon which you relied in formulating religious beliefs that prohibit immunization.

\* Other documentation that reflects a sincerely held religious objection to immunization ie: disclosure of whether the student, parent/guardian or other children have been immunized or the current position refusing to receive other kinds of medical treatment.

I affirm the truthfulness of the above statement.

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

You will be notified in writing of the outcome of your request. If your request is denied, after review by the Director of Health Services & the Chief of Student Development, you may appeal the decision to the Commissioner of Education within 30 days of the decision according to Education Law, Section #310.

**\*\*Please note: In case of an outbreak on campus of Measles, Mumps, Rubella or any other disease for which immunizations are usually given, you will be excluded from classes & all campus activities as directed by the Broome County Health Department.**

APPROVED: \_\_\_\_\_ DATE: \_\_\_\_\_

DENIED: \_\_\_\_\_ DATE: \_\_\_\_\_

State specific reason(s) for denial: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Director of Health Services \_\_\_\_\_

Reviewed:  
7/13