

SUNY POTSDAM
Request for Religious Exemption from Immunization Requirement

Read this form completely BEFORE responding. It is intended to help you in applying for a religious exemption to New York State Public Health Law, Article 21, Title 6, Section 2165. This law states all students born after January 1, 1957 must show they are immune to measles, mumps, and rubella. However, it allows for religious exemptions. It states:

A student may be exempt from vaccination if that student or student's parent(s) or guardian(s) of those less than 18 years old holds genuine and sincere religious beliefs which are contrary to the practice of immunization. The student requesting exemption may or may not be a member of an established religious organization. Requests for exemptions must be written and signed by the student if 18 years of age or older, or parent(s), or guardian if under the age of 18.

http://www.health.ny.gov/prevention/immunization/handbook/section_9_appendices/appendix_a/public_health_law/article_21/title_6/section_2165.htm

Philosophical, political, scientific, or sociological objections to immunization do not justify an exemption under Dept. of Health regulation 10 NYCRR, Section 66-1.3(d). Please follow these directions to request a religious waiver:

1. Attach a statement to this form which expands upon EACH of the following elements:

- *In your own words*, describe why you are requesting this religious exemption.
- Describe the religious principles that guide your objection to immunization.
- If you are not opposed to all immunizations, state the religious basis that prohibits particular immunizations.

Be thoughtful in your responses. Waivers may be denied because all three elements are not included; the request is made for philosophical, political, scientific, or sociological objections and not religious reasons; your personal statement is plagiarized from various media sources; or this form is completed and signed by the parents of a student who is ≥ 18 years old.

2. Fill in the information below, sign the attestation, and return the form to Student Health Services with your statement attached. Please ensure your name and student ID number are on each page of your statement.

Name of Student: _____ **Student ID #:** _____

Parent/Guardian Name: _____
(if student < 18 years old)

ATTESTATION:

I request a waiver from NY PHL 2165 on the basis of my religious beliefs, as outlined in the attached statement I have written. I also understand that, in the event of an outbreak of infectious disease, I must be protected from exposure. This may require that I am excluded from class or from campus until the risk of exposure has passed.

Signature of Student (or parent/guardian if student < 18 years old)

Date

You will be notified in writing regarding the outcome of this request. If your request is denied, you may appeal to the New York State Commissioner of Education within 30 days of the decision, pursuant to Education Law, Section 310.

<i>Office use only:</i>	REQUEST OUTCOME	<input type="checkbox"/> Approved	Date Of Approval _____
		<input type="checkbox"/> Denied	Date Of Denial _____
Specific Reason(s) for Denial: _____			

Reviewer: _____		Reviewer's Signature: _____	