

## **SUNY Potsdam Student Health Services**

### **COVID-19 Vaccine Religious Exemption Request Form**

#### **Section I: Student Information**

(to be completed by student or guardian, only if student is under 18 years old after 8/15/2022)

Last Name	First Name	Student Email	Date of Birth	Potsdam ID #

#### **Section II: Religious Beliefs Exemption Request**

(to be completed by student or guardian, only if student is under 18 years old after 8/15/2022)

**Requests for exemption based on religious beliefs:** Students who hold genuine and sincere religious beliefs contrary to the COVID-19 vaccination may be exempt after submitting a written statement. The statement must include an explanation of how receiving the COVID-19 vaccination conflicts with the student's sincere religious belief or practice.

#### **Student statement:**

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☐ I understand that if I am not fully vaccinated against COVID-19, I will need to abide by all COVID-19 related health and safety restrictions. Restrictions include, but are not limited to, use of face masks, social distancing, participation in weekly testing, and quarantine.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*Student or guardian, only if under 18 years old after 8/15/2022*

**Once completed, send the form to [SHS@potsdam.edu](mailto:SHS@potsdam.edu) or mail/fax to Student Health Services (information above).**

Exemption request forms will be reviewed. Our decision will be sent to your personal Potsdam.edu address.

Questions: please contact Student Health Services