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)

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Student Email</th>
<th>Date of Birth</th>
<th>Potsdam ID #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

☐ 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 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