REQUEST FOR RELIGIOUS EXEMPTION TO IMMUNIZATIONS

Name of Student: _____ID#:_____Birthdate:_____

Name of Parent/Guardian (if student is under 18):_____

This form is for you to use in applying for a religious exemption to Public Health Law immunization requirements. 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, scientific, or sociological objections to immunization do not justify an exemption under Department of Health regulation 10 NYCRR, Section 66-1.3 (d), which requires the submission of:

A written and signed statement from you (parent or guardian if student is under 18) which states the objection to immunization due to sincere and genuine religious beliefs which prohibit the immunization.

In the area provided below, please write your statement. The statement MUST address 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.

You may attach additional written pages or other supporting materials to this form if you so choose.

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I herby affirm the truthfulness of the forgoing statement and have reviewed the informational immunization materials provided at www.cdc.gov/vaccines/hcp/vis/current-vis.html.

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Signature (Parent/Guardian student is under 18) **Date**

****PLEASE BE AWARE THAT IF AN OUTBREAK OF A VACCINE PREVENTABLE ILLNESS OCCURS AND AN INDIVIDUAL REFUSES VACCINATION HE/SHE WILL BE QUARANTINED DURING THE OUTBREAK. ****