

# REQUEST FOR RELIGIOUS EXEMPTION TO IMMUNIZATION FORM

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Student ID#: \_\_\_\_\_

This form must be used in applying for a religious exemption from immunizations required for post-secondary school attendance as set forth in New York State Public Health Law § 2165. The purpose of this form is to establish the religious basis for your request since New York State permits exemption only on the basis of a sincere religious belief. Philosophical, political, scientific, sociological or other objections to immunization do not justify an exemption under Department of Health regulation 10 NYCRR, Section 66- 2.2(e). This regulation allows educational institutions to request additional documents in support of the request for religious exemption. Department of Health regulation 10 NYCRR, Section 66-2.2 (e) can be found on the [NYS DOHMH Z H E V L W H](#)

Describe the religious principles that guide your objections to immunization. Attach additional pages if your responses do not fit in text fields provided below.

Indicate whether you are opposed to all immunization, and if not, the religious basis that prohibits particular immunizations. Attach additional pages if your responses do not fit in text fields provided below.

\_\_\_\_ Confirm that you have read the following What You Need to Know documents

- x [What You Need to Know Measles, Mumps, Rubella Vaccines](#)
- x [What You Need to Know Meningococcal Vaccine](#)

I hereby affirm the truthfulness of the forgoing statement.

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Student Signature

Date