



Where leaders are made

Student Health Center

Frisch 001 | phone 716-888-2610 | fax 716-888-3217 |

**REQUEST FOR RELIGIOUS EXEMPTION TO IMMUNIZATION FORM
PARENT /GUARDIAN STATEMENT (FOR MINORS UNDER 18 YEARS)**

Name of Student _____

Student ID Number _____

Name of Parent(s) /Guardian(s) _____

This form is for your use in applying for a religious exemption to Public Health Law immunization requirements for your child. 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 the parent, parents, or guardian of such child, stating that the parent, parents or guardian objects to their child’s immunization due to sincere and genuine religious beliefs which prohibit the immunization of their child in which case the principal or person in charge may require supporting documents.

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

Please continue your statement on back of form

