REQUEST FOR RELIGIOUS EXEMPTION TO IMMUNIZATION FORM

STUDENT

Name of Student: ____________________________________________
Student I.D. Number: ________________________________________

This form is to be used in applying for a religious exemption to Public Health Law 2165 immunization requirements for measles, mumps and rubella. Its purpose is to establish the religious basis for your request since New York State permits exemptions on the basis of a sincere religious belief. Philosophical, political, scientific, or sociological objections to immunization do not justify an exemption by the New York State Department of Health. You are required to submit a written and signed statement outlining your objections to immunization due to sincere and genuine religious beliefs which prohibit immunization. The college has the right to request additional supporting documentation.

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 sign and date in the space provided below and have the document notarized by a public notary.

I hereby affirm the truthfulness of the forgoing statement and have received and reviewed the informational immunization materials provided to me by Canisius College. I understand that by signing this form I assume all responsibility for risk of exposure to and infection with measles, mumps and/or rubella that may occur while I am on campus, in class, residing at school or at campus sponsored events and any health related complications that may result from such infection. I understand that in the event of an outbreak of any of these three communicable diseases, I may be excluded from campus which includes but is not limited to exclusion from class attendance, college housing and participation in all college activities. I understand I may be prohibited from entering academic classrooms, libraries, college residences, dining halls, community spaces and from participating in academic experiences, internships, sporting events, and social functions. I understand and accept full responsibility for all financial obligations and academic consequence that may result from this religious exemption including but not limited to tuition, housing, meal plans, college fees, travel, additional lodging, lower grades, class withdrawal and medical care.

__________________________  __________________________
Signature of Student        Date

Notary Public Seal

You will be notified via college email if this request has been denied. Please note if your request is denied, you can contact the New York State Department of Health for further assistance.