



REQUEST FOR RELIGIOUS EXEMPTION

Name: _____ Date: _____

Date of Birth: _____ Semester of Entry: _____

This form is for your use in applying for a religious exemption to Public Health Law immunization
an exemption under Department of Health regulation 10
e submission of:

om the student (parent/guardian if student is under 18
ent/parent/guardian objects to immunization due to sincere
ch prohibit immunization. Supporting documents may be

d representative of the church or religious beliefs that prohibit immunization.

In the area provided below, please write your statement. The statement MUST ADDRESS ALL of the
following elements:

- x Explain in your own words why you are requesting this religious exemption.
- x Describe the religious principles that guide your objection to immunization.
- x Indicate whether you are opposed to all immunizations, and if not, the religious basis
that prohibits particular immunizations.
