

Religious Exemption to Immunization Form

REQUEST FOR RELIGIOUS EXEMPTION

Name:______ Date: _____

Da	te of Birth: Semester of Entry:
	s form is for your use in applying for a religious exemption to Public Health Law immunization or Departm e hHealth regulation 10
ent/parent/guardia	rent/guardian if student is under 18 an objects to immunization due to sincere on. Supporting documen ts ay be
d representative of	the chur trle Jigious beliefs that prohibit immunization.
	area provided below, please write your statement. The statement MUST ADDRESS ALL of the ing 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.

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Please sign in the space provided below. I hereby affirm the truthfulness of the forgoing state	
immunization requirements for attending Tompkins	
Signature:	Date:
Signature of guardian if student under 18 years of a	age:

You will be notified if the exemption is denied.