ROCHESTER INSTITUTE OF TECHNOLOGY
STUDENT HEALTH CENTER

REQUEST FOR RELIGIOUS EXEMPTION TO IMMUNIZATION FORM

Student Name: _____UID# _____DOB:_____

Address:_____

This form is for your use in applying for a religious exemption to New York State Public Health Law immunization requirements. 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 immunizations do no 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 student (parent if under 18) stating that the student (or parent) objects to the administering of immunization, due to sincere and genuine religious beliefs which prohibit same; in which case the Director, Student Health Center or person in charge may require supporting documents. Under each element below, please write your statement. This statement **must** address **all** of the following:

- 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 in the space provided below and have the document notarized by a notary public where indicated.
I hereby affirm the truthfulness of the forgoing statement and have received **and** reviewed the informational immunization materials provided to me by RIT.

X_____Date: _____
Student (parent if under 18)

Sworn to me this _____ day of _____.
Notary Public Seal

You will be notified in writing of the outcome of this request.

Reviewer:_____ Title:_____

Result of Review: Date of Approval _____ Date of Denial: _____
Specific reason(s) for denial: