Rochester Institute of Technology

Student Health Center

Request for Philosophical Exemption for COVID Vaccination

UID#-

DOB:

	0.5		
Address:			
This form is for your use in applying f Its purpose is to establish the philoso	for a philosophical exemption to RIT's mophical basis for your request.	nandated COVID vaccination.	
 Explain in your own words w that guide your objection to t 	hy you are requesting this philosophica he COVID vaccination.	al exemption including the principles	
You may attach to this form, additiona	al written pages or other supporting mate	erials if you so choose.	
•	elow in the presence of a notary public.	•	
immunization materials provided to r	e forgoing statement and have received me by RIT. I recognize that NY State doe ndates COVID vaccination, I will be requ	es not honor philosophical	
X			
Student (parent if under 18)			
Date:			
-			
Sworn to before me this	day of		
(Notary Public Signature)			
Notary Public Seal/Stamp			

Upload your completed and notarized form to wellnessportal.rit.edu.

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



Student Name: