

# Rochester Institute of Technology

## Student Health Center

### Request for **Philosophical** Exemption for COVID-19 Vaccination

**Student Name:**

**UID#:**

**DOB:**

**Address:**

This form is for your use in applying for a philosophical exemption to RIT's mandated COVID-19 vaccination. Its purpose is to establish the philosophical basis for your request.

- Explain in your own words why you are requesting this philosophical exemption including the principles that guide your objection to the COVID-19 vaccination.

*You may attach to this form, additional written pages or other supporting materials if you so choose.*

Please sign in the space provided below in the presence of a notary public.

I hereby affirm the truthfulness of the forgoing statement and have received **and** reviewed the informational immunization materials provided to me by RIT. I recognize that NY State does not honor philosophical exemptions and thus if the State mandates COVID-19 vaccination, I will be required to get vaccinated at that time.

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](https://wellnessportal.rit.edu).**

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