

## REQUEST FOR RELIGIOUS EXEMPTION TO IMMUNIZATION FORM

*To sign this form digitally, you must download and open it in Adobe Acrobat*

**Last Name** \_\_\_\_\_ **First** \_\_\_\_\_ **Middle** \_\_\_\_\_

**CUNYfirst / EMPL ID Number** \_\_\_\_\_

**Date** \_\_\_\_\_

This form must be used in applying for a religious exemption from immunizations required for post- secondary school attendance as set forth in New York State Public Health Law §2165. The purpose of this form is to establish the religious basis for your request since New York State permits exemption only on the basis of a sincere religious belief. Philosophical, political, scientific, sociological or other objections to immunization do not justify an exemption under Department of Health regulation 10 NYCCR, Section 66- 2.2(e). This regulation allows educational institutions to request additional documents in support of the request for religious exemption.

Department of Health regulation 10 NYCCR, Section 66-2.2 (e) can be found on the NY State DOHMH website.

CUNY requires a student's or student's parent(s) or guardian, for those under 18 years of age, to explain the foundation of the genuine and sincerely held religious beliefs which are contrary to the practice of immunization. The request for exemption must be typed or hand-written in the appropriate boxes on the back of this form. It should be signed by the student and, if the student is under 18 years of age, by a parent(s) or guardian.

Your statement on the next page must address **all** of the following elements:

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

Signature of Student, or Student's Parent or Guardian:

\_\_\_\_\_

Why are you requesting this religious exemption?

Describe the religious principles that guide your objections to immunization. Indicate whether you are opposed to *all* immunization, and if not, the religious basis that prohibits particular immunizations.

In order to register, give this form to the Immunization Records office, Room 307 North Building. You will be notified in writing of the determination on your request, including whether the request has been approved, denied, or whether more documentation is needed before a decision can be made.

Type or print your name below:

Date:

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**FOR OFFICE USE ONLY**

- Approved     Not Approved     Additional documentation need