

Immunization Requirements for Vassar College Attendance
New York State Religious Exemption Statement

Instructions:

1. Complete the requested information (name, date of birth, etc.).
2. Indicate to which vaccine(s) the religious exemption is referring.
3. Complete the written statement and sign the document.

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1. Student's Name: _____
 2. Student's Date of Birth: _____
 3. Student's Permanent Home Address: _____

 4. Parent/Guardian Name (*if student less than 18 years of age*): _____

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This form is for applying for a religious exemption to Public Health Law immunization requirements for the above-named student. 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 immunization do not justify an exemption under Department of Health regulation 10NYCRR, Section 66-1.3 (d), which requires the submission of:

A written and signed statement stating that the student or parent(s)/guardian(s) object to immunization due to sincere and genuine religious beliefs which prohibit the immunization of the above-named student in which case the person in charge may require supporting documents. Some examples include: a letter from an authorized representative of the church, temple, religious institution, etc. attended by the student/parent/guardian; literature explaining doctrine/beliefs that prohibit immunization; other sources which the student/parent/guardian used in formulating religious beliefs that prohibit immunization.

Please indicate to which vaccine(s) the religious exemption is referring:

Measles, Mumps, and Rubella (MMR)

Meningococcal Vaccine (MenACWY)

Other (please specify): _____

