



REQUEST FOR RELIGIOUS EXEMPTION TO IMMUNIZATION FORM

Student Name: _____ Date of Birth: _____
Student ID#: _____

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 NYCRR, 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 NYCRR, Section 66-2.2 (e) can be found on the [NYS DOHMH website](#).

Pace University 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 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.

The statement must address all of the following elements:

- Explain, in your own words, why you are 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.

Pace University reserves the right to evaluate and update religious exemption information through annual review. In the event of an outbreak, religious exempt individuals may be prohibited from physical campus access.

Why are you requesting this religious exemption?

Attach additional pages if your responses do not fit in text fields provided below.

Describe the religious principles that guide your objections to immunization. *Attach additional pages if your responses do not fit in text fields provided below.*

Indicate whether you are opposed to all immunization, and if not, the religious basis that prohibits particular immunizations. *Attach additional pages if your responses do not fit in text fields provided below.*

____ Confirm that you have read the following *What You Need to Know* documents

- [What You Need to Know- Measles, Mumps, Rubella Vaccines](#)
- [What You Need to Know- Meningococcal Vaccine](#)

I hereby affirm the truthfulness of the forgoing statement.

Student Signature

Date

Parent or Guardian Signature, if student is under 18 years of age

Date

PLEASE COMPLETE, SIGN AND UPLOAD THIS FORM TO UNIVERSITY HEALTHCARE'S SECURE PATIENT PORTAL