

**THE CITY UNIVERSITY OF NEW YORK**

**OFFICE OF STUDENT AFFAIRS**

**MENTAL HEALTH & WELLNESS SERVICES**

**REQUEST FOR MMR RELIGIOUS EXEMPTION TO IMMUNIZATION FORM**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Identification Number or**

**Emplid ID**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This form must be used in applying for a religious exemption from immunizations required for post-secondary school attendance as set forth in by 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 of religious exemption.

Department of Health regulation 10 NYCCR, Section 66-2.2 (e) can be found on the NYS DOHMH at <http://www.health.ny.gov/prevention/immunization/handbook/section_9_appendices/appendix_a/nycrr/title_10/section_66-2_2.htm>

CUNY requires student’s or student's parent(s) or guardian, for those less than 18 years old, 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 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.

**FOR OFFICE USE ONLY**

□ Approved □ Not Approved □ Additional documentation needed

Why are you requesting this religious exemption?

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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.

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Please hand this form into your health services office in order to register.