



Vaccination Religious Exemption Form

Please complete all areas below to assist in your request.

Student Email:

Date:

Student Name:

Student Date of Birth:

If under 18 years of age, please include parent/guardian name:

Student M#:

This form is for your use in applying for a religious exemption for yourself/child from the Measles, Mumps, and Rubella (MMR) vaccine requirement. Its purpose is to establish the religious basis for your request since the State permits exemptions on the basis of a sincere religious belief. This request for exemption requires the submission of: A written and signed statement from the student or the parent/guardian if the student is under the age of 18, stating the religion, the religious belief, the principles of the belief that explains why they are rejecting the MMR vaccine and finally, if the religions indicates an opposition to all vaccines or just a specific vaccine. The statement must address all of the above elements. Only one submission will be accepted. Supporting documentation can be provided and may include but not be limited to a letter from an authorized representative of the religious institution that the student attends, literature from the religious institution that explains the doctrine/belief that prohibits immunization, etc.

In the area provided below, please write/ type your statement. You may attach to this form additional written pages or other supporting materials if you so choose.

Please continue to page 2

Signature (Your signature must be on this form to complete the process. You may print the form and add your signature. You may also save this form as an Adobe PDF and use the sign function to use a mouse or trackpad to add your signature.)

I hereby affirm the truthfulness of the forgoing statement and am aware of potential risks associated with refusing said immunizations.

Student Signature: _____ Date: _____

Parent/Guardian Signature (if student is below 18 years of age): _____ Date: _____

Upon completion, this form should be electronically submitted to:

healthcenter@mvcc.edu

or mailed to the follow address:

Mohawk Valley Community College

Attn: Health and Wellness Center

1101 Sherman Drive

Utica NY 13501