



Religious Exemption Request for Immunization/Vaccination Requirements

Requests must be submitted by July 15th

Please Print:

Student Name: _____

Date of Birth: _____

Student ID#: _____

Please indicate the vaccine(s) for which you are seeking an exemption:

___ Measles ___ Mumps ___ Rubella

Student (if over age 18) or parent or guardian (if under age 18), please initial each line below.

___ I understand the benefits of and the risks of the vaccine(s) indicated above.

___ I understand the risk of contracting an illness from not being vaccinated.

___ I understand the risk of transmitting an illness to others.

___ I understand that in the event of an outbreak of a disease that I am not protected against, New York State Public Health Law may require that I be excluded from all classes and campus activities until the risk of contracting the disease is over.

Statement

In the area below, please provide a written declaration stating you have sincere and genuine religious beliefs which prohibit you from receiving immunizations. The statement should explain in your own words why you are requesting this exemption and describe the religious principles that guide your objection to immunization. Please indicate whether you are opposed to all immunizations, and if not all, the religious basis that prohibits particular immunizations. *Attached additional pages if needed.* In some cases, the University will need to obtain additional information and/or documentation about your religious practice(s) or belief(s). The University may also need to discuss the nature of your religious belief(s), practice(s) and potential accommodation with your religion’s spiritual leader (if applicable) or religious scholars to address your request for an exception in some cases.



Please submit the completed exemption form via USPS or fax to:

St. Bonaventure University Center for Student Wellness
Doyle Hall 122
P.O. Box 2469
St. Bonaventure University
St. Bonaventure, NY 14778
Fax: (716) 375-7892

Call (716) 375-2310 with questions regarding the exemption form or other health related matters.

Religious Exemptions are valid for one year. They need to be submitted annually for review in advance of the upcoming academic year. Philosophical, political, scientific, or sociological objections to immunizations will not justify an exemption from a vaccine requirement.

You will be notified in writing of the outcome of this request within 10 business days of our receiving the completed form. At any time, the University reserves the right to require further documentation. If your request for an exemption is denied, the notification will include specific reasons for denial. In the event a request is denied, the student/parent can consent to immunization or appeal to the NYS Commissioner of Education within 30 days.

I hereby affirm the truthfulness of the forgoing statement.

Signature of student (if over age 18): _____ Date: _____

Signature of parent or guardian (if under age 18): _____ Date: _____