

SUNY Delhi

Request for Religious Exemption

A student may be exempt from vaccination if, in the opinion of the institution, that student or student's parent(s) or guardian(s) of those less than 18 years old, holds genuine and sincere religious beliefs which are contrary to the practice of immunization. The student requesting exemption may or may not be a member of an established religious organization. Requests for exemptions must be written and signed by the student if 18 years of age or older, or parent(s), or guardian(s) if under the age of 18. The institution may require supporting documents.

A student who has been exempted from a vaccination is considered at risk for the disease or diseases for which the vaccination offers protection. An exempted student may be excluded from school or activities during an outbreak of the disease that they have not been fully vaccinated against. Vaccine-preventable diseases still exist, and can spread quickly in college settings. Immunizations are still one of the best ways to protect people from getting and spreading diseases that may result in serious illness, disability, or death. SUNY Delhi reserves the right to evaluate and update religious exemption information through annual review.

1) Explain, in your own words, why you are requesting this religious exemption.

2) Explain how your religious principles guide you in this decision to refuse immunizations(s).

3) Indicate whether you are opposed to all immunization(s), and if not, the religious basis that prohibits particular immunizations.

Upon completion, this form must be submitted through the SUNY Delhi Patient Portal:

1. Print out and complete this exemption form.
2. Scan or take a photo of the completed form.
3. Sign into your SUNY Delhi patient portal.
4. Click on the upload link on the menu bar at the top of the page and follow the step-by-step instructions.
5. Scroll down to bottom left side of page. Under 'Documents Available to be Uploaded', choose the 'Vaccine Exemption Request' document in the drop-down box. Select your completed, saved form and upload it.
6. Once uploaded, the exemption will be stored in your medical chart.
7. Exemptions will be reviewed and are subject to approval.
8. **The review committee will email the student regarding the approval/denial of the religious or medical exemption at the student's SUNY Delhi email account once reviewed.**

Attestation Initialed *and* Signed by the Student

-OR-

Attestation Initialed *and* Signed by Parent *and* Student if Under the age of 18

Initial each item below declaring you have read, understood and will adhere to each directive:

___ If this religious or medical exemption is approved, **I may be required to leave the campus** in the event of an outbreak of any contagious illness that I am not immunized against. My absence from campus may be for an extended period of time and may impact my ability to complete my coursework in the given semester.

___ Due to my non-vaccinated status, **I will not be allowed to stay or be quarantined/isolated on campus** for any reason and will make other arrangements for off-campus housing. ***Student, please document what your plan for pick-up and housing will be: _____

___ **I will attend required weekly laboratory testing** when mandated to do so. If I miss/fail to attend testing dates during the semester, I am aware I will receive disciplinary actions and might be removed from campus.

___ **I will abide by all guidelines and policies** of the Center for Disease Control, the Delaware County Department of Health, Campus Health Services and New York State regarding the use of personal protective equipment.

___ **I will follow all rules in the college Code of Conduct.**

Student's Printed Name: _____

Student's Signature: _____

Signature of Parent/Guardian if under age 18: _____

Student's Date of Birth: _____

Student's SUNY Delhi 800#: _____

Date Signed: _____