



**MEASLES, MUMPS & RUBELLA Vaccination Requirement
Religious Exemption Request Form**

Students who hold genuine and sincere religious beliefs that are contrary to MEASLES, MUMPS & RUBELLA Vaccination may be exempt after submitting a written statement that explains (1) how receiving the MEASLES, MUMPS & RUBELLA Vaccination conflicts with the student’s sincere religious belief or practice, and (2) how not receiving the MEASLES, MUMPS & RUBELLA Vaccination will not otherwise prevent the student’s completion of their programmatic or curricular requirements of the academic program. General philosophical or moral objections to such vaccine shall not suffice as the basis for a religious exemption.

To request a religious exemption from the WCC MEASLES, MUMPS & RUBELLA Vaccination requirement, please complete this form and submit it to the Health Services Office (Student Center 181; healthoffice@sunywcc.edu). A decision regarding your request will be released through email.

Student Information:

LAST NAME	FIRST NAME	STUDENT EMAIL ADDRESS
DATE OF BIRTH	STUDENT ID #	

Student Statement:

In the space below, please describe the following: (1) your sincerely held religious belief or practice that is the basis for your request for a religious accommodation; and, (2) how your sincerely held religious belief or practice conflicts with the SUNY MEASLES, MUMPS & RUBELLA Vaccination Requirement. If additional space is needed, please attach additional pages.

You may attach supporting materials if you so choose. Examples of supporting materials include, without limitation:

- A letter from an authorized representative of the religious institution attended by the student and/or literature from the religious institution explaining the doctrine/beliefs that prohibit MEASLES, MUMPS & RUBELLA immunization.
- Other writings or sources upon which the student relied in forming religious beliefs that prohibit immunization.

Please note that the campus reserves the right to request additional documentation to support a request for a religious exemption.

Please check each box to acknowledge:

I understand that in the event a measles, mumps or rubella outbreak should occur on-campus I may be required to remain off-campus until the Westchester County Department of Health deems it safe to return. I am aware that if I am enrolled in courses that require a physical presence on campus that I may not be able to complete my academic coursework remotely. I acknowledge that any refund I might be entitled to in the case of a MEASLES, MUMPS & RUBELLA outbreak would be subject to all existing WCC policies.

I certify that I have confirmed with my academic program that not receiving the MEASLES, MUMPS & RUBELLA Vaccination will not prevent the completion of my programmatic or curricular requirements.

I certify that my statement above, and all supporting documentation, are true and accurate, and that I hold a sincere and genuine religious belief that is contrary to the receipt of the MEASLES, MUMPS & RUBELLA vaccination.

Signature*: _____ Date: _____

*Student, but Parent or Legal Guardian must sign if the student is under 18 years old as of first day of classes.