

## **Request for Religious Immunization Exemption Form – RECERTIFICATION**

Name: \_\_\_\_\_

PID/UNI: \_\_\_\_\_ School: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Academic Year Requested: \_\_\_\_\_

New York State public health law and University policy requires that all students document immunity to measles, mumps, and rubella. A student may be exempt from vaccination if that student holds genuine and sincere religious beliefs which are contrary to the practice of immunization. Columbia Health is committed to providing a safe, inclusive and supportive experience for all students and recognizes student observance of their faith as it pertains to the practice of immunization.

**Your request for religious exemption was granted for the previous academic year. If you wish to recertify this request for a subsequent academic year, complete the following page of this form, and upload all documents to the Columbia Health Patient Portal ([secure.health.columbia.edu](https://secure.health.columbia.edu)). Please note, submitting this request does not guarantee approval. Please allow 7-10 business days for your request to be processed. Upon review, you will be notified in writing if the exemption has been extended. At any time, the University reserves the right to request additional supporting documentation. If approved, the exemption will remain in effect for the duration of the named academic year.**

**Initial next to each of the statements below:**

|  |  |
|--|--|
|  | I request continued exemption from the immunization requirements. My genuine and sincere religious beliefs have not changed. I understand the risks of non-immunization. I accept full responsibility for my health, thus removing liability from Columbia University to the required immunizations.   |
|  | I understand that in the event of an outbreak or threatened outbreak, I may be temporarily excluded from classes, residence halls, and any sponsored activities on campus. I agree to comply with these restrictions and accept responsibility for communicating with my faculty and advisors. I further understand that restrictions from campus, including but not limited to classes and living spaces, do not entitle me to any reduction in tuition, housing charges, or other University fees. |
|  | Should I contract a communicable or contagious disease, I will immediately report it to Columbia Health and comply with the isolation and quarantine procedures specified by the University and remove myself from the University community if so advised.   |
|  | I acknowledge that I have read the <a href="#">MMR Vaccine Information Statement</a> .   |
|  | I understand and agree to comply with and abide by all Columbia Health and University policies and procedures.   |
|  | I understand that this exception is only valid for the current academic year, and I will need to resubmit the request for any subsequent academic year(s).   |
|  | I certify that the information I have provided on and in connection with this request is accurate and complete.  |

**Student**

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_