

SKIDMORE COLLEGE HEALTH SERVICES

POLICIES AND PROCEDURES



Title: Religious Exemption from Immunization

Date of Last Review/Revision: 8/2023

Approved by: A. Caldwell, Director of Health Services, 8/2023

Number of Pages/Forms: 1 page/1 form

[Nursing Information OneNote](#): Health Forms → Religious and Medical Exemption

Purpose: For use as a reference when applying for religious exemption to Public Health Law immunization requirements for attendance at Skidmore College. To assist in establishing the religious basis for request of exemption to Public Health Law immunization requirements for attendance at Skidmore College.

Policy:

Student must submit:

- 1) REQUEST FOR AND ACKNOWLEDGEMENT OF EXEMPTION FROM IMMUNIZATION form
- 2) Statement supporting request for religious exemption

Per New York State Department of Health regulations: *Requests for exemptions must be written and signed by the student if 18 years of age or older, or parent(s), or guardian if under the age of 18. The institution may require supporting documents. It is not required that a religious exemption statement be notarized.*

Philosophical, political, scientific, or sociological objections to immunization *do not* justify an exemption.

The statement **must** address **all** of the following elements:

- Student must explain in their own words why they are requesting a religious exemption.
- Description of the religious principles that guide the objection to immunization.
- Indicate whether person is opposed to all immunizations, and if not, the religious basis that prohibits particular immunizations.

Students may attach additional written pages or other supporting materials if they so choose. Examples of such materials include:

- A letter from an authorized representative of the church, temple, religious institution, etc. that they attend, or literature from the church, temple, religious institution, etc. explaining doctrine/beliefs that prohibit immunization (Note: it is not necessary to be a member of an organized religion or religious institution to obtain a religious exemption);
- Other writings or sources upon which religious beliefs prohibiting immunization are formulated upon;
- A copy of prior statements to healthcare providers or school district officials explaining the religious basis for refusing immunization;
- Any documents or other information that reflects a sincerely held religious objection to immunization.

Review process

All requests for Religious Exemption from Immunization will be reviewed by the Director of Health Services.

Students will be notified as to the approval or denial of the request.

If the request is denied, the notification will include specific reasons for denial. If a request for religious exemption is denied, the student may appeal the denial to the NYS Department of Health Immunization Program within 30 days of the decision.



SKIDMORE COLLEGE HEALTH SERVICES

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REQUEST FOR AND ACKNOWLEDGEMENT OF EXEMPTION FROM IMMUNIZATION

(to be completed by student or if student is under 18, legal guardian)

I am requesting medical or religious exemption for the following mandated vaccine(s):

- ☐ MMR (measles, mumps, rubella)
- ☐ Meningococcal (quadrivalent, ACWY)
- ☐ Tdap (tetanus, diphtheria, acellular pertussis)

Initial each statement in the space [] below:

[] I agree to hold Skidmore College harmless in the event of any illness or injury resulting from my inability to receive one of the above vaccines.

[] I understand that in the case of a vaccine preventable disease outbreak to which I am likely not immune, at the discretion of the Health Services professional staff and under the guidance of the New York State Department of Health, I may be temporarily excluded from classes, residence halls or the College campus. This action would be taken to both protect my health as well as reduce the risk of community spread.

[] I will be responsible for any expenses I may incur for such exclusion as described above.

[] I understand that I will be responsible for working with my faculty to make up any missed class work.

[] For applicable diseases, I understand I may be required to comply with testing or other preventive requirements.

[] I understand that participation in intercollegiate athletics may be restricted in accordance with NCAA and/or conference league mandates.

Name (Print) : _____

Signature: _____

Date of Birth: ____/____/____

Date: _____

Student ID #: _____

If student is a minor, parent or legal guardian must sign:

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____

Date: _____