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Religious Exemption Request

New York State Public Health Law (PHL) 2165 requires that students in attendance at a post-secondary institution submit proof of immunity to measles, mumps, and rubella. This form should be used to apply for a religious exemption to the PHL 2165 immunization requirements. According to the Immunization Handbook for New York State Post-secondary Institutions:

*A student may be exempt from vaccination if, in the opinion of the institution, that student or student's parent(s) or guardian 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 if under the age of 18. The institution may require supporting documents. It is not required that a religious exemption statement be notarized. **In the event of an outbreak, religious exempt individuals should be protected from exposure. This may include exclusion from classes or campus.***

To secure an exemption to PHL 2165 you must establish a sincere religious basis for your request. Philosophical, political, scientific or sociological objections to immunization do not justify an exemption under NYS Department of Health regulations. For further information regarding this requirement, please visit NYSDOH Immunization Handbook for Post Secondary institutions at www.nyhealth.gov/prevention/immunization/handbook.

Corning Community College (CCC) requires students who are requesting a religious exemption to submit a signed statement with this form, that identifies their objection to immunization based on their sincere and genuine religious beliefs. The statement should address the following elements:

- Explain in your own words why you are requesting this religious exemption.
- Describe the religious principles that guide your objections to immunization.
- Be specific as to whether you are opposed to all immunizations, or, the religious basis that prohibits certain immunizations.

You may attach to this form additional written pages or other supporting materials if you so choose. You will be notified of the outcome of this request.

Name: _____ Date of Birth: _____

Address: _____

Phone Number: _____ CID #: _____

Signature: _____ Date: _____