



## Request for Religious Exemption from Vaccination(s)

Student Name: \_\_\_\_\_ SJFC ID#@: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SJFC email address: \_\_\_\_\_

Major: \_\_\_\_\_ Alternate email address: \_\_\_\_\_

Cell phone number: \_\_\_\_\_

St. John Fisher University (the “University”) requires that all students attending classes on campus be fully vaccinated against the following communicable diseases:

- Measles, Mumps and Rubella (MMR)
- Meningitis (MenACWY) - *Residential students only. Others may waive this requirement.*
- Covid-19 (SARS-CoV-2)

*Note: Nursing and Pharmacy students have additional vaccination requirements.*

**Prior to submitting this form, Nursing and Pharmacy majors should consult with their individual Schools to discuss religious exemptions and [New York State Law for healthcare professionals](#).**

The University recognizes certain exceptions to this requirement, including specifically an exemption for those with sincerely-held religious beliefs. This form is for your use in applying for such a religious exemption to one or more of St. John Fisher University’s above immunization requirements. Its purpose is to establish the religious basis for your request. Philosophical, political, scientific, or sociological objections to immunizations do not justify an exemption. Students requesting to be considered for a religious exemption must respond completely and truthfully to all of the following inquiries, and submit the signed statement, along with supporting evidence if applicable, to St. John Fisher University Health and Wellness Center.

The University will carefully review all requests for religious exemptions, however, approval is not guaranteed. After your request has been reviewed and processed, you will be notified in writing to your SJFC email address, if an exemption has been granted or denied.

### Religious Exemption Process:

1. If requesting an exemption from all COVID-19 vaccines, read the [CDC COVID-19 Vaccine Information](#)
2. Student completes Personal Statement in Section 1
3. Student must read and initial all statements in Section 2
4. Verify through signing and notarizing in Section 3
5. If you believe it may be helpful, in Section 4 you may provide a statement from your religious leader or someone who can support the sincerity of your religious beliefs, but this is not required.
6. Submit all completed documents to the University electronically (see section 5)

*Please note:* The Exemption Review Committee may request an interview from you to collect further information concerning this review. The committee may also seek additional information from the religious leader, if you chose to offer support from a religious leader.

***Incomplete submissions will not be reviewed - be sure all forms and documentation are submitted at one time.***

**Section 1:** *To be completed by student (or parent/guardian if the student is under 18). Responses must be typed in the box below or can be typed on a separate page and added as an attachment.*

### **Request for Religious Exemption from Vaccination(s) Personal Statement**

This request is for:      COVID-19 vaccination      MMR Vaccination      Meningococcal Meningitis Vaccination

In the space below, please provide a typed, personal statement detailing the religious basis for your vaccination objection. In your own words, explain why you are requesting this religious exemption, the religious principle(s) that guide your objections to vaccination, how your religious beliefs impact additional aspects of personal health and wellness, and the religious basis that prohibits the vaccination(s) indicated above. Attach additional pages, if needed.

**Section 2:** To be completed by student (or parent/guardian if the student is under 18).**Affidavit of Religious Objection to Vaccination(s)**

1. I understand that Fisher requires all students to have, and provide documentation of, the COVID-19 and MMR Vaccinations. Additionally, Resident Student are required to have and provide documentation of the Meningococcal Meningitis Vaccination.
2. I affirm that vaccination is contrary to my sincerely held religious beliefs and practices, and that my objections to this vaccination are not based solely on grounds of personal concerns, preferences, or beliefs; or inconvenience; or intellectual beliefs or philosophy.
3. I understand that by *initialing* each statement below I certify that each statement is true and accurate, and I accept the conditions set forth:

\_\_\_\_\_ I request exemption or extension from immunization requirements due to my current sincerely held religious beliefs. I understand the risks of non-immunization. I accept full responsibility for my health, and hereby release and agree to hold the University harmless from, and waive on behalf of myself, my heirs, and any personal representatives, any and all causes of actions, claims, demands, damages, costs, expenses, and compensation for damage that may be caused to on account of my objection to receiving the required immunizations.

\_\_\_\_\_ I understand 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 COVID-19, measles, mumps, rubella, or meningitis, I will report it immediately to SJFC Health and Wellness Center and comply with isolation and quarantine procedures specified by the University.

\_\_\_\_\_ I understand and agree to comply with and abide by all SJFC 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. I understand, if this exemption is approved, it may be revoked, and I will be subject to appropriate disciplinary action if any of the information I provided in support of this exemption is false.

**Section 3:** To be completed by student (or parent/guardian if the student is under 18) and notary public.

Please sign in the space provided below and have the document notarized by a notary public where indicated.

*I affirm that my **Affidavit of Religious Objection to Vaccinations** and my **Request for Religious Exemption from Vaccination(s) Personal Statement** above are true, accurate, and complete, and that I have a sincerely held religious belief and practice that prohibit me from receiving the indicated vaccination(s).*

*I acknowledge that false statements intentionally made herein may result in this exemption being revoked, and I may be subject to appropriate disciplinary action through Student Conduct, including suspension or expulsion from the University without refund.*

Student Name (print): \_\_\_\_\_

SJFC ID#@: \_\_\_\_\_

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

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

<p><b>Sworn to me this:</b> <b>Notary Public Seal</b></p>	<p><b>Day of</b></p>
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**(For Minors only)**

Parent/Guardian Name (print): \_\_\_\_\_

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

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

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

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

**Section 4 (optional):** *Statement provided by Religious Leader*

**Optional Statement from Religious Leader**

A typed statement from your religious leader on the letterhead of the organization discussing the below points.  
(Choosing not to provide such a statement will not prejudice your exemption request.)

- supports the sincerity of the student’s religious beliefs
- includes how long and in what capacity the religious leader knows the student
- explains the principles of the religion that are in opposition to vaccination

**Religious Leader Information**

Name of Religious Leader (print): \_\_\_\_\_

Title: \_\_\_\_\_

Email address: \_\_\_\_\_

Name of Religious Organization: \_\_\_\_\_

Address of Religious Organization: \_\_\_\_\_

Phone number: \_\_\_\_\_

\_\_\_\_\_

### **Section 5: Submit**

Once completed, students should submit all pages of this signed and notarized form to the University electronically:  
<https://forms.gle/4Z8XF4vemXD4Dwds5>

Please note, submitting this request does not guarantee approval. Upon review, you will be notified in writing if the exemption has been granted or denied. 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 current academic year. Requests must be renewed annually.