

227 West 27<sup>th</sup> Street, Room A402 New York City 10001-5992 P 212 217.4190 F 212 217.4191

## FORM: Request for Religious Exemption to MMR Vaccines

Student Information			
Last:	First:	Middle:	
Student ID#:	Birth date:		
Address:			
Cell phone:	Home phone:		
Email:			
New York State Public Health Law and SUNY policy requires that all students be immunized against measles, mumps, rubella, and COVID-19. A student may be exempt from vaccination if that student holds genuine and sincere religious beliefs that are contrary to the practice of immunization. FIT is committed to providing a safe, inclusive and supportive experience for all students.			
Please note that submitting the request for a religious exemption does not guarantee approval. Please contact FIT Health Services to learn if your request has been granted.			
To request an exemption from the state and college immunization compliance policy, please complete the following and upload all requirements to the health portal at http://fit.studenthealthportal.com:			
Provide a written and signed statement below explaining the religious basis of your objection, detailing why you are requesting a religious exemption, and the religious principles that guide your objections to immunization. FIT will not grant a religious exemption where the objection is philosophical, political, scientific, ethical, or otherwise secular in nature. FIT may ask for additional documentation or information regarding the exemption request. If you are not 18 years of age, your statement requesting a religious exemption must be signed by a parent or legal guardian.			
Please write your statement in the area provided below.			

**CONTINUE TO PAGE 2, AND COMPLETE AND SIGN** 



Health Services
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Due to my religious tenets, I am refusing to be immunized for Measles, Mumps and Rubella.			
I understand that declining to be immunized may make me susceptible to infection. I have been given the opportunity to be vaccinated with MMR or COVID-19 vaccine free of charge at FIT Health Services; however, I decline the Measles, Mumps and Rubella vaccines.			
I understand by declining this vaccine, I continue to be at risk of acquiring and spre 19. Because of this risk and my refusal to be immunized, I understand that if there campus I may be required to leave the campus, including the residence halls, until to return. I understand and agree that by completing this exemption form and signi costs of any treatment I receive as a result of my election not be vaccinated, wheth hold the Fashion Institute of Technology, the State University of New York, the State directors, employees, or affiliates liable for any injury, illness, or costs related to my that related restrictions from campus, including but not limited to exclusion from clareduction in tuition, housing charges, or other school fees. FIT reserves the right to regular COVID-19 testing, face masks, social distancing) on those who are not vac	is an outbreak of any of these diseases at the FIT such outbreak has subsided and it is judged safeing below, I will be personally responsible for the ner inside or outside the United States. I will not ate of New York, or their respective officers, y election not be vaccinated. I further understand asses and living spaces, do not entitle me to any of impose additional safety requirements (e.g.		
Student's Signature:	Date:		
If student is a minor, parent/guardian must sign:			
Parent/Guardian's Signature:	Date:		
Parent/Guardian's Phone: Parent/Guardian's Email:			