

Clarke Health Center

One Park Place | Elmira, NY 14901 Phone: (607) 735-1750 | Fax: (607) 735-1198

RELIGIOUS EXEMPTION REQUEST

Name of Student:	Birthdate:
Name of Parent/Guardian (if student is under 18):	
	ption to Elmira College's COVID-19 vaccination requirements. est since the College permits exemptions on the basis of a , or sociological objections to vaccination do not justify an
guardian if the student is under 18) which states the objec which prohibit the vaccination. In some cases, the College about your religious practice(s) or belief(s). The College m	written and signed statement from themself (or their parent or tion to vaccination due to sincere and genuine religious beliefs will need to obtain additional information and/or documentation as also need to discuss the nature of your religious belief(s), it's spiritual leader (if applicable) or religious scholars to address
In the area provided below, please write your statement.	The statement must address all of the following elements:
 Explain in your own words why you are requesting Describe the religious principles that guide your ol Indicate whether you are opposed to all vaccin vaccinations. 	
You may attach to this form additional written pages or oth	ner supporting materials if you so choose.
I hereby affirm the truthfulness of the forgoing statement and www.cdc.gov/vaccines/hcp/vis/current-vis.html.	d have reviewed the informational vaccination materials provided at
Signature (Parent/Guardian if student is under 18)	Date
Implemented June 2017 sc	CHCShare/Forms/REQUEST FOR RELIGIOUS EXEMPTION

¹ Students who have not received and/or do not maintain a current COVID-19 vaccination on the basis of religious exemption may be required to adhere to additional health and safety measures and/or their participation in College events and activities may be limited.