SUNY Oneonta Student Health Center

MMR Religious Exemption Form

Section I: Student Information

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Student Email</th>
<th>Date of Birth</th>
<th>Student / A #</th>
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</thead>
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Section II: Religious Beliefs Exemption Request
(to be completed by student or guardian, only if student is under 18 years old)

Requests for exemption based on religious beliefs: Students who hold genuine and sincere religious beliefs contrary to the practice of immunization may be exempt after submitting a written statement. The statement must include an explanation of how receiving the immunization conflicts with the student's sincere religious belief or practice.

Student statement:
________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________
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☐ I understand that I am not fully vaccinated against Measles, Mumps, and Rubella (MMR). If there is an outbreak on campus, I may be excluded from class or campus until the risk of exposure has passed.

Signature: ___________________________ Date: ___________________________

Student or guardian, only if under 18 years old

Once completed, send the form to SUNY Oneonta Student Health Center email (healthcenter@oneonta.edu). Exemption request forms will be reviewed. Our decision will be sent to your personal oneonta.edu address. Questions: please contact SUNY Oneonta Student Health Center.