
Niagara University

Religious Immunization Exemption Request

Student Name: _____

Date of Birth: _____

Student ID Number: _____

Program/Major: _____

Statement of Religious Belief

I, _____, am requesting a religious exemption from the MMR (Measles, Mumps, Rubella) vaccine required for attendance at Niagara University, in accordance with New York State Public Health Law §2165.

I affirm that I hold genuine and sincere religious beliefs that are contrary to immunization. These beliefs are deeply held and guide my moral and ethical decisions regarding medical interventions, including vaccines.

My objection is based solely on religious beliefs and not on medical concerns, personal preference, political, scientific or philosophical views.

Explanation of Religious Objection

Please provide a detailed explanation of your sincerely held religious beliefs that prohibit immunization (attach additional pages if needed):

Acknowledgment of Risk and University Policy

I understand and acknowledge the following:

- That immunization requirements are established to protect the health and safety of the Niagara University community.
- That in the event of an outbreak of a vaccine-preventable disease (including, but not limited to, measles, mumps, or rubella), I may be excluded from classes, campus housing, clinical placements, and/or other university activities.
- That such exclusion will remain in effect until I am cleared to return by the University and/or public health authorities.
- That I may be required to comply with guidance issued by the New York State Department of Health and/or the local health department.
- I will still need to complete the Meningitis waiver to satisfy New York State Department of Health requirements in addition to the religious waiver.
- That this exclusion may impact my academic progress and participation in University programs, including those delivered in partnership with external organizations that maintain their own immunization standards, such as, but not limited to, nursing and other clinical placements; P-12 school placements; internships, practica, and fieldwork in healthcare, education, or community-based settings; study abroad programs; and other experiential learning opportunities.

Student Certification

I certify that the information provided above is true and accurate, and that this request is based on sincerely held religious beliefs. I understand that submitting false or misleading information may result in denial of this request and/or disciplinary action in accordance with University policy.

Student Signature: _____

Date: _____

For University Use Only (Health Services)

Approved

Denied

Authorized Signature: _____

Title: _____

Date: _____