



PERSONAL STATEMENT FORM: MMR IMMUNIZATION EXEMPTION

New York State public health law 2165 and University policy requires that all students document immunity to measles, mumps, and rubella. A student may be exempt from vaccination if that student holds genuine and sincere religious beliefs which are contrary to the practice of immunization. St. John's University is committed to providing a safe, inclusive, and supportive experience for all students and recognizes student observance of their faith as it pertains to the practice of immunization.

A Religious exemption will be considered upon completion of ALL FOUR of the following requirements and upload to the Medical Patient Portal:

1. Submit the *"Request for Religious Exemption: MMR Immunization Form"*
 - a. **If your student is Younger than 18 years prior to their first day of classes:** Have your Parent or Guardian Complete the "Request for Religious Exemption: MMR Immunization for Minors (Younger than 18 Years)"
 - b. **If you are 18 years or older:** "Complete the Request for Religious Exemption for MMR Immunization (18 years & Older)"
2. Submit the *"Religious Organization Form: MMR Immunization Exemption"*
3. Submit the *"Personal Statement Form: MMR Immunization Exemption" (THIS FORM)*
4. Submission of Measles, Mumps, Rubella (MMR) Titers, which is a blood test that determines immunity. This must be submitted so that the University is aware of the student's immunity status in the event of a MMR outbreak. Exemption approval will not be granted without knowledge of current antibody levels.

Please answer the below questions, in your own words:

1. What is the Religious Basis of your objection to receive the MMR vaccination?

2. Explain why you are requesting this religious exemption to the MMR vaccination?

3. What are the religious principles that guide your objections to the MMR vaccination?



4. If you have received any immunizations in the past, please explain why now your religious beliefs prevent you from receiving the MMR vaccination?

Student Information:

Student Name: _____	X Number _____
University Email: _____	Phone: _____
Student Signature: _____	

Parent/Guardian Information: (Please complete if Student is younger than 18 years)

Parent/Guardian Printed Name _____
Relationship to Student: _____
Parent/Guardian Email: _____
Parent/Guardian Phone Number: _____
Parent/Guardian Signature: _____