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?**

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

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

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

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<tr>
<th>Student Information:</th>
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<tbody>
<tr>
<td>Student Name: ____________________________</td>
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<tr>
<td>University Email: __________________________</td>
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<tr>
<td>Student Signature: __________________________________________________</td>
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</tbody>
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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: ____________________________________________________ |