

RELIGIOUS ORGANIZATION 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" (THIS FORM)*
3. *Submit the "Personal Statement Form: MMR Immunization Exemption"*
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.

To be Completed by Student or Parent/Guardian:

Student

Name: _____ X Number _____

University Email: _____ Phone: _____

Have you applied for a religious MMR vaccination exemption at St. John's University in the past?

No Yes (If Yes, please provide the date of your submission:) _____

Was your previous religious exemption application granted? No Yes

To be Completed by Student or Parent/Guardian. Initial next to the below statements:

	I give the representatives from St. John's University permission to speak with the religious leader I have named, regarding my application for religious exemption from the MMR vaccination.
	I certify that the information I have provided on and in connection with this request is accurate and complete.



To be Completed by Religious Leader:

Number of years the student named about has been part of your religious organization: _____

Please Provide a description of the religious principles that prohibit vaccinations:

Please describe if all immunizations/vaccinations are prohibited. If not, please describe the specific religious objections to the Measles, Mumps, and Rubella (MMR) vaccination.

Religious Leader Printed Name: _____

Religious Leader Position Held: _____

Name of Religious Organization: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone Number: _____

Signature of Religious Leader: _____