Purchase College Health Services COVID-19 Vaccine Religious Exemption Request Form

Section I: Student Information (to be completed by student or guardian, only if student is under 18 years old)				
Last Name	First Name	Purchase Email	Date of Birth	Student ID #
Section II: Religious Belief to be completed by student		ent is under 18 years old)		
Requests for exemption base COVID-19 vaccination may bexplanation of how receiving	e exempt after submitting	g a written statement. <u>The</u>	statement must	include an
pelief or practice . General peligious exemption.	nilosophical or moral objec	tions to such vaccine shall n	ot suffice as the b	asis for a
Student statement:				
Section III: Student Unders	standing & Consent			
I understand that if I am n and safety restrictions if acces participation in surveillance te	sing a SUNY facility, includ	COVID-19, I will need to abioding, but not limited to, use c	•	
I understand that, in the e that I leave campus for a perion Health.		/ID-19 on campus, the colle in consultation with the Wes		
I understand that should I 914-251-6380) and comply wi		mmediately report it to Purcline procedures specified by	•	•

I understand and agree to comply with and abide by all Purchase College policies and procedures.

College community if so advised.

I certify that I have confirmed with my academic my completion of the programmatic or curricular re	ic program that not receiving the COVID-19 vaccination will not prevent quirements.
_ ,	connection with this request is accurate and complete. I understand this college disciplinary action if any of this information I provided in support
Signature:	Date:
Student or auardian, only if under 18 years old	

Once completed, students should upload the signed form to the Health Services' Portal at https://purchase.medicatconnect.com

Uploaded exemption request forms will be reviewed. Decisions will be released through the Department of Student Affairs.