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)

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Purchase Email</th>
<th>Date of Birth</th>
<th>Student ID #</th>
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**Section II: Religious Beliefs Exemption Request**
(to be completed by student or guardian, only if student is under 18 years old)

Requests for exemption based on religious beliefs: Students who hold sincerely held religious beliefs contrary to the COVID-19 vaccination may be exempt after submitting a written statement. **The statement must include an explanation of how receiving the COVID-19 vaccination conflicts with the student’s sincere religious belief or practice.** General philosophical or moral objections to such vaccine shall not suffice as the basis for a religious exemption.

**Student statement:**
________________________________________________________________________
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**Section III: Student Understanding & Consent**

☐ I understand that if I am not fully vaccinated against COVID-19, I will need to abide by all COVID-19 related health and safety restrictions if accessing a SUNY facility, including, but not limited to, use of face masks, physical distancing, participation in surveillance testing, and quarantine.

☐ I understand that, in the event of an outbreak of COVID-19 on campus, the college reserves the right to mandate that I leave campus for a period of time to be determined in consultation with the Westchester County Department of Health.

☐ I understand that should I contract COVID-19, I will immediately report it to Purchase College’s Health Services (call: 914-251-6380) and comply with all isolation and quarantine procedures specified by the College and remove myself from the College community if so advised.

☐ I understand and agree to comply with and abide by all Purchase College policies and procedures.
☐ I certify that I have confirmed with my academic program that not receiving the COVID-19 vaccination will not prevent my completion of the programmatic or curricular requirements.

☐ I certify that the information I have provided in connection with this request is accurate and complete. I understand this exemption may be revoked and I may be subject to College disciplinary action if any of this information I provided in support of this exemption is false.

Signature: ___________________________________________ Date: ___________________________________________

Student or guardian, 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.