



Quality Programs for
Educators and Families
Supporting Long Island
Education Since 1964

Operations Center
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REQUEST FOR RELIGIOUS or MEDICAL EXEMPTION TO IMMUNIZATION FORM PARENT/GUARDIAN STATEMENT

Name of Student _____

Identification Number _____

Name of Parent(s)/Guardian(s) _____

School District and Building Name _____

This form is for your use in applying for a religious/medical exemption for your child. Its purpose is to establish the religious/medical basis for your request. Philosophical, political, scientific, or sociological objections to immunizations do not justify an exemption under Department of Health regulation 10 NYCRR, Section 66-1.3(d), which requires the submission of:

A written signed statement from the parent, parents, or guardian of such child, stating that the parent, parents or guardian objects to their child's immunization due to sincere and genuine religious beliefs and/or medical conditions which prohibit the immunization of their child in which case the principal or person in charge may require supporting documents.

In the area provided below, please write your statement. The statement **must** address **all** of the following elements:

- Explain in your own words why you are requesting this religious/medical exemption.
- Describe the religious principles that guide your objection to immunization.
- Indicate whether you are opposed to all immunizations. And if not, the religious/medical basis that prohibits particular immunizations.

You may attach to this form additional written pages or other supporting materials if you choose.

Please sign in the place provided below and have the document notarized by a notary public where indicated.

I hereby affirm the truthfulness of the foregoing statement and have received and reviewed the informational immunization materials provided to me by my child's school.

X

Signature of Parent/Guardian

Date

Sworn to before me this _____ day of _____

Notary Public Seal

You will be notified in writing of the outcome of this request. Please note that if your request for an exemption is denied, you may appeal the denial to the Commissioner of Education within thirty (30) days of the decision, pursuant to Education Law, Section 310.

Reviewer Name _____

Indicate Result of Request Review:

APPROVED Date of Approval _____

DENIED Date of Denial _____

State Specifically Reason(s) for Denial:

