



Request for Religious Immunization Exemption Form

Name: _____

UNI: _____ School: _____

Email: _____ Phone: _____

The CDC recommends a yearly influenza vaccine as the first and most important step in protecting against flu viruses. The flu vaccine is safe, as well as effective. The flu vaccine is mandatory for all students.

A student may be exempt from vaccination if that student holds genuine and sincere religious beliefs which are contrary to the practice of immunization. Student Health 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.

For consideration of exemption to the University influenza vaccination policy, please complete the following:

- **Provide a written and signed statement detailing the religious basis of your objection, explaining why you are requesting this religious exemption, the religious principles that guide your objections to immunization, whether you are opposed to all immunizations, and if not, the religious basis that prohibits particular vaccinations.**
- **Obtain and submit a document from your religious organization supporting the basis of your faith/beliefs which are contrary to the practice of immunization or use of vaccines. The document should be on the organization's letterhead, and should include a signature from your religious leader, the name, address, and phone number/email of the religious organization.**

Please note, submitting this request does not guarantee approval. Please allow 7-10 business days for your request to be processed. Upon review, you will be notified in writing if the exemption has been granted. At any time the University reserves the right to request additional supporting documentation. If approved, the exemption will remain in effect for the duration of the current academic year. Requests must be renewed annually.

Please complete the following page of the form, attach all supplemental materials and upload all documents to the Columbia University Irving Medical Center Patient Portal:

<https://portal.studenthealth.cuimc.columbia.edu>



COLUMBIA

COLUMBIA UNIVERSITY
IRVING MEDICAL CENTER

STUDENT HEALTH SERVICE

Initial next to each of the statements below:

	I request exemption from the influenza vaccination requirement due to my genuine and sincere religious beliefs. I understand the risks of non-immunization. I accept full responsibility for my health, thus removing liability from Columbia University Irving Medical Center to the required immunizations.
	I understand that in the event of an outbreak or threatened outbreak, I may be temporarily excluded from classes, residence buildings, and any sponsored activities on campus. I agree to comply with these restrictions and accept responsibility for communicating with my faculty and advisors. I further understand that restrictions from campus, including but not limited to classes and living spaces, do not entitle me to any reduction in tuition, housing charges, or other University fees.
	Should I contract a communicable or contagious disease, I will immediately report it to Student Health and comply with the isolation and quarantine procedures specified by the University and remove myself from the University community if so advised.
	I understand and agree to comply with and abide by all Student Health and University policies and procedures.
	I understand that this exception is only valid for the current academic year, and I will need to resubmit the request for any subsequent academic year(s).
	I certify that the information I have provided on and in connection with this request is accurate and complete.

Printed Name: _____

Signature: _____ Date: _____

By checking this box and typing my name above, I am electronically signing this form

Revised 10/20/21