

Dear Student,

The State of New York Public Health Law 2165 requires, as a condition of attendance at Hudson Valley Community College the submission of a certificate of immunizations against Measles, Rubella and Mumps.

When a prospective student requests a religious waiver from our immunization requirements, it is the policy of Hudson Valley Community College to require a written request from the student. This must include a statement indicating that student holds genuine and sincere religious beliefs which are contrary to the practices of immunization.

Requests must be accompanied with a letter from your pastor attesting that the student holds genuine and sincere religious beliefs which are contrary to the practices of immunization. In the absence of a pastor's letter, a student can provide High School Immunization Records indicating a religious waiver.

To complete the religious exemption process, the College Health Service for Religious Waiver from Immunization form must be signed, notarized and returned.

By signing the Religious Waiver from Immunization form, the student understands that in the event of an occurrence of communicable disease he/she will not be allowed on campus. The student is assuming any and all risks associated with this decision.

Thank you for your understanding and cooperation.

Sincerely,

Claudine Potvin-Giordano
Director of Health Service
Hudson Valley Community College
80 Vandenberg Avenue
Troy NY, 12180



College Health Service

Request For Religious Waiver From Immunization 2 of 2

Date: _____

I, _____, hereby request exemption from the
(Name)
New York State requirement for immunity to measles, mumps and rubella on the grounds that such requirements conflict with my religious convictions. I hold sincere and genuine religious beliefs that are contrary to immunizations procedures. I have supplied you with all immunization information that I have and proof of those religious beliefs that prohibit my immunization.

It is understood that I fully assume any and all risks associated with my failure to comply with this requirement and understand I will not be allowed to attend class if there is an occurrence of communicable disease among HVCC students or staff.

Signature

Subscribed and sworn to before me this

_____ Day of _____, 20 _____

Notary Public

Please return this form to:
Hudson Valley Community College
College Health Service
80 Vandenburg Avenue
Troy, NY 12180