



Request for Exemption from Immunization

Submission of proof of certain immunizations is required as a condition of attendance at Hudson Valley Community College. Such immunizations include:

Measles, Mumps and Rubella: The State of New York Public Health Law 2165 requires the submission of a certificate of immunizations against Measles, Mumps and Rubella.

Exemptions to the above requirements may be requested based on either religious conviction or health reasons. To complete the exemption process, the Health Services **Request for Exemption from Immunization Form** must be signed, notarized and returned. In addition, documentation must be provided as follows:

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

Health Reasons: Requests must be accompanied by a letter from you doctor indicating you are not able to receive the immunization(s) due to underlying health conditions.

By signing the **Request for Exemption from Immunization Form**, you are acknowledging that you understand that in the event of an occurrence of communicable disease, you will not be allowed on campus and that you are assuming any and all risks associated with this decision.

Thank you for your understanding and cooperation.

Health Services
Hudson Valley Community College
80 Vandenburg Avenue
Troy NY, 12180



Request for Exemption from Immunization

Date: _____ Student ID#: H00_____

First Name: _____ Last Name: _____

I hereby request exemption from the following immunizations:

☐ New York State requirement for immunity to measles, mumps and rubella

I am requesting an exemption based on the following (check all that apply):

☐ 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.

☐ Health Reasons

I have an underlying health condition that prevents me from receiving immunizations. I have provided documentation from my doctor to support my request.

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.

Student Signature

Subscribed and sworn to before me this

_____ Day of _____, 20 _____

Notary Public

Please return this form to:

Hudson Valley Community College
Health Services (CTR 270)
80 Vandenberg Avenue
Troy, NY 12180