

Request for Religious Exemption: MMR Immunization

Name: _____

PID/UNI: _____ School: _____

University Email: _____ Phone: _____

New York State public health law and University policy requires that all students document immunity to measles, mumps, and rubella. A student may be exempt from vaccination if that student holds genuine and sincere religious beliefs which are contrary to the practice of immunization. Columbia 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 state and University immunization compliance 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 immunization, and if not, the religious basis that prohibits particular vaccinations. Columbia does not accept letters or signatures from parents or legal guardians for exemption consideration, unless you will be under 18 years of age on the first day of the program.**
- **Obtain and submit documentation on official letterhead 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 must include a signature from your religious leader, the name, address, and phone number/email of the religious organization.**
- **Read the [MMR Vaccine Information Statement](#).**
- **Submit results of titers (blood tests to determine immunity) for measles, mumps, and rubella for knowledge in the event of an outbreak. Exemption approval cannot be granted without knowledge of current antibody levels.**

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 this form, attach all supplemental materials, and upload all documents to the Columbia Health Patient Portal (secure.health.columbia.edu).



COLUMBIA HEALTH

Immunization Compliance Office
John Jay Hall, 3rd Floor
519 W. 114th St., Mail Code 3601
New York, NY 10027

Tel: 212-854-7210

Fax: 212-854-5078

immunizationcompliance@columbia.edu

Initial next to each of the statements below:

	I request exemption from immunization requirements 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 to the required immunizations.
	I understand that in the event of an outbreak or threatened outbreak, I may be temporarily excluded from classes, residence halls, 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 Columbia Health and comply with the isolation and quarantine procedures specified by the University and remove myself from the University community if so advised.
	I acknowledge that I have read the MMR Vaccine Information Statement .
	I understand and agree to comply with and abide by all Columbia 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.

Student

Printed Name: _____

Signature: _____ Date: _____

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

FOR MINORS ONLY:

Parent/Guardian's Printed Name: _____

Signature: _____ Date: _____

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

Parent/Guardian's Phone and Email: _____

Last updated: 6/28/22