



State University of New York Maritime College

To: SUNY Maritime College Student

From: Health Services
SUNY Maritime College

Re: Application for Religious/Medical Exemption from Immunization Requirements

1. I understand that the State of New York requires, as a condition of attendance at the State University of New York Maritime College, the submission of a certificate of immunizations against Measles, Rubella and Mumps.
2. I hereby request exemption from the immunization requirements on the grounds that such requirements conflict with my genuine and sincere religious beliefs which prohibit immunizations. More specifically, I am an adherent of _____ and/or I have the following medical condition _____
3. I understand that, at the discretion of the Medical Director I may be asked to provide additional information, or I may be required to meet with the Medical Director to discuss my beliefs.
4. In consideration of this exemption, if I am found to have Measles, Rubella or Mumps, I will comply with the quarantine or isolation procedures of the institution and the community.
5. In consideration of this exemption, in the event of an outbreak of Measles, Rubella or Mumps, I understand that I may be asked to leave campus and suspend my studies in accordance with New York State Public Health Law.
6. I hereby assume all risks of personal injury to myself as a result of this exemption and also release the State University of New York maritime College, the State of New York and any of its personnel from all claims and damages which may arise from any impairment of health resulting to me because of this exemption.

Signature of student

Date

Name (Printed or typed)

DOB/Student ID #

Please submit this form by mail or fax to:

Health Services
SUNY Maritime College
6 Pennyfield Avenue
Throggs Neck, NY 10465
(718) 409-5901 (fax)