



**Medical or Religious Exemption Request  
for  
Immunization Requirements for College Attendance**

**Student Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

Guidance for medical exemptions for vaccination can be obtained from the contraindications, indications, and precautions described in the vaccine manufacturer’s package insert and by the most recent recommendations of the Advisory Committee on Immunization Practices (ACIP) available in the Centers for Disease Control and Prevention publication, Guide to Vaccine Contraindications and Precautions. This guide can be found at the following website:  
<https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html>

Please indicate the vaccine(s) for which you are seeking exemption:			
Measles: _____	Rubella: _____	Tdap: _____	Varicella: _____
Mumps: _____	Meningococcal Meningitis: _____	Hepatitis B: _____	
Influenza: _____	COVID-19: _____		

\_\_\_\_\_ This exemption request is for **Medical Reasons**. For a Medical exemption, **Health Services requires that documentation from your healthcare provider be attached to this request.**

\_\_\_\_\_ This exemption request is for **Religious Reasons**. By checking this box, the signatory below certifies that receiving the chosen vaccine would conflict with the student’s sincere religious beliefs. **Please attach a statement from your religious leader AND a personal statement that reflects the religious basis for your exemption request.**

Please initial each line below:

\_\_\_\_\_ I understand the benefits of and the risks of the vaccines named above.

\_\_\_\_\_ I understand the risk of contracting illness from not being vaccinated.

\_\_\_\_\_ I understand the risk of transmitting illness to others.

\_\_\_\_\_ I understand that in the event of an outbreak of a disease I am not protected against, New York State Public Health Law may require that I be excluded from all classes and campus activities until the risk of contracting the disease is over.

\_\_\_\_\_ I understand that if I have not received and/or do not maintain current COVID-19 vaccination, I may be required to adhere to additional health and safety measures and/or my participation in College events and activities may be limited.



Please submit the completed exemption form and supporting documents via USPS, fax or email to:

LeMoyne College Health Services  
1419 Salt Springs Rd  
Syracuse, NY 13214  
Fax - 315-445-4714  
healthservices@lemoyne.edu

You may call 315-445-4440 with questions regarding the exemption form or other health related matters.

You will be notified in writing of the outcome of this request within 10 business days. At any time, the College reserves the right to require further documentation. If your request for an exemption is denied, you may (for certain vaccines) have the right to appeal the denial to the Commissioner of Education within thirty (30) days of the decision, pursuant to Education Law, Section 310.

Students may be asked annually to submit their immunization status in writing.

Signature of student (over age 18): \_\_\_\_\_ Date: \_\_\_\_\_

Signature of parent or guardian (under age 18): \_\_\_\_\_