

College at Old Westbury Student Health Center COVID-19 Vaccine Religious Exemption Request Form

Section I: Student Information: To be completed by student (or guardian if student is under 18 years old)

Last Name	First Name	Old Westbury Email	Date of Birth	OW ID #

Section II: Religious Beliefs Exemption Request To be completed by student (or guardian if student is under 18 years old)

Requests for exemption based on religious beliefs: Students who hold genuine and sincere religious beliefs contrary to the COVID-19 vaccination may be exempt after submitting a written statement which includes an explanation of how receiving the COVID-19 vaccination conflicts with the student's sincere religious belief or practice, and (2) certify how not receiving the COVID-19 vaccination will not otherwise prevent the students' completion of the programmatic or curricular requirement of their academic program.

Student statement: (attach a separate sheet if more space is needed)

Please check each box to acknowledge:

While my request is pending, I understand that I must comply with the campus' COVID-19 related health and safety protocols (e.g., masks/face coverings, social distancing, regular surveillance testing) applicable to unvaccinated or partially vaccinated individuals as a condition of my physical presence in a SUNY Facility.

I certify that I have confirmed with my academic program that not receiving the COVID-19 Vaccination will not prevent the completion of my programmatic or curricular requirements.

If my request is granted, I understand that I will be required to comply with the campus' COVID-19 related health and safety protocols (e.g., mask/face coverings, social distancing, regular surveillance testing) if accessing a SUNY Facility as a condition of my on-going physical presence. I am aware that should a COVID-19 outbreak occur at the campus that I may be excluded from all in-person classes and activities and that if I am enrolled in courses that require a physical presence on campus that I may not be able to complete my academic coursework remotely. I acknowledge that any refund I might be entitled to in the case of a COVID-19 outbreak would be subject to all existing SUNY policies.

I certify that my statement above, and all supporting documentation, are true and accurate, and that I hold a sincere and genuine religious belief that is contrary to the receipt of the COVID-19 vaccination.

Signature*: _____ Date: _____

*Student, but Parent or Legal Guardian must sign if the student is under 18 years old as of first day of classes.

Once completed email the signed form to studenthealth@oldwestbury.edu

Exemption request forms will be reviewed by the Student Health Center in the same manner as it considers requests for religious exemptions from MMR immunization requirements. Decisions will be released through the student's OW email. Questions: please contact Student Health Center at [516-876-3250](tel:516-876-3250).