MMR RELIGIOUS EXEMPTION REQUEST

New York State Public Health Law 2165 and Teachers College policy requires that all students provide proof of 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. Teachers College and Columbia Health are 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 College immunization compliance policy, please complete the following:

- Read the MMR Vaccine Information Statement.
- Initial and sign the following page of this form.
- 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.
- Obtain and submit a document 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 should include a signature from your religious leader, the name, address, and phone number/email of the religious organization.
- Submit results of a titer test (blood test 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.

In the event of an outbreak of any of the vaccine preventable diseases covered by this law on or near campus, students holding exemptions may be excluded from all campus activities, for their protection, until the outbreak is declared to be over.

Please note, submitting this request does not guarantee approval. Please allow up to 10 business days for your request to be processed. Upon review, you will be notified via your TC email address if the exemption has been granted. The College reserves the right to request additional supporting documentation.

You may submit all of your documentation via your myTC Portal under Student Resources>Enrollment and Student Services or have them sent via fax to 212-678-3681.

Questions? Email health-immunization@tc.columbia.edu
# MMR RELIGIOUS EXEMPTION REQUEST FORM

**Student Name:** ___________________________________________  **Date of Birth:** _____/_____/_____

(Please Print)  **MM / DD / YY**

**TCID #____________________________________________________**

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**Please initial next to each statement below:**

<table>
<thead>
<tr>
<th>Statement</th>
<th>Initial</th>
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<tbody>
<tr>
<td>I request exemption from the measles, mumps, and rubella 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 Teachers College and Columbia University to the required immunizations.</td>
<td>☑️</td>
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<tr>
<td>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 College fees.</td>
<td>☑️</td>
</tr>
<tr>
<td>Should I contract a communicable or contagious disease, I will immediately report it to the Teachers College Student Affairs office and Columbia Health and comply with the isolation and quarantine procedures specified, if so advised.</td>
<td>☑️</td>
</tr>
<tr>
<td>I acknowledge that I have read the <a href="#">MMR Vaccine Information Statement</a>.</td>
<td>☑️</td>
</tr>
<tr>
<td>I understand and agree to comply with and abide by all Teachers College and Columbia University's Health policies and procedures.</td>
<td>☑️</td>
</tr>
<tr>
<td>I understand that this exception is only valid for the approved period and I may need to submit a new request for any subsequent changes.</td>
<td>☑️</td>
</tr>
<tr>
<td>I certify that the information I have provided on and in connection with this request is accurate and complete.</td>
<td>☑️</td>
</tr>
</tbody>
</table>

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**Student Signature:** ___________________________________________  **Date:** ____________________

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Questions? Email [health-immunization@tc.columbia.edu](mailto:health-immunization@tc.columbia.edu)