



RELIGIOUS EXEMPTION REQUEST

Students requesting a waiver to the vaccine requirement are REQUIRED to complete this form and submit it to the Dean of Students.

Student Name: _____

Student Email: _____@spalding.edu

Please indicate which vaccination you are requesting to waive:

COVID-19

BE ADVISED: Any student with an approved exemption will be required to isolate or quarantine after exposure to or contraction of COVID-19. Remote learning during this time is not guaranteed.

RELIGIOUS BELIEF WAIVER REQUEST

Students requesting to decline the above-noted vaccine for religious beliefs are required to review and complete this section. Requests will be reviewed by the Dean of Students in consultation with the General Counsel.

1. Please provide a brief explanation of why you are requesting an exemption.

2. Please provide a personal statement regarding why the COVID-19 vaccination is against your religious beliefs. Your statement should also state whether other immunizations are also against your religious beliefs.

3. Please provide supporting documentation of your belief from a religious body. If you cannot provide supporting documentation, please explain why.

RELIGIOUS BELIEF WAIVER ACKNOWLEDGEMENT

I understand that the Centers for Disease Control (“CDC”), the Advisory Committee on Immunization Practices (“ACIP”), and the American College Health Association (“ACHA”) recommend that individuals receive the COVID-19 vaccination. The CDC believes that vaccines against disease are generally safe and effective.

I have read the risks and benefits of the vaccine and acknowledge the detrimental health effects of the disease. I have read and understand the availability and effectiveness of the vaccine which is available at most local pharmacies, clinics and primary care providers. I do not wish to receive the vaccine for reasons of religious beliefs, and I voluntarily agree to release, discharge, indemnify and hold harmless Spalding University, its officers, trustees, employees, and agents from any and all costs and liabilities, expenses, claims, demands or causes of action on account of any loss or personal injury that might result from my waiver of the recommended vaccination.

I verify that the information I am submitting in support of my request for an accommodation is complete and accurate to the best of my knowledge, and I understand that any misrepresentation contained in this request may result in disciplinary action.

I have read and signed this document with full knowledge of its significance. I further state that I am at least 18 years of age and competent to sign this waiver or that my parent’s/guardian’s signature appears below.

Student Name (print): _____

Student Signature: _____ Date: _____

If the student is under the age of 18, a parent/guardian must sign this waiver.

Parent/Guardian (print): _____

Parent/Guardian Signature: _____ Date: _____