

Request for Exemption from Mandatory COVID-19 Vaccination – Religious Reasons

To request a religious exemption relating to your assignment to [redacted], which has adopted a Mandatory COVID-19 Vaccination Policy, please:

1. Complete and sign Part 1 of this form;
2. Submit the form to EPCC's [redacted] department.

Part 1 – To be Completed by the Student	
Name:	Date of Request:
Assigned Facility:	Instructor:
	Work/Cell Phone:

Please initial next to each of the statements below:	
	I request an exemption based on my sincerely held religious beliefs. I understand and assume the risks of non-vaccination. I accept full responsibility for my health, thus removing liability from EPCC for the required vaccination.
	Should I contract COVID-19, I will immediately report it to my instructor and will comply with all isolation and quarantine procedures as recommended by the federal and state governments.
	I understand and agree to comply with and abide by all of EPCC's COVID-19 policies and procedures. I further understand and agree to comply with and abide by all of [Facility/Hospital] policies and procedures.
	I understand that if an exemption is granted, it is only valid while EPCC's and/or [Facility/Hospital] COVID-19 vaccination policy stands and I may need to submit a new request for any subsequent changes. I further understand that the approval is provisional based on the current vaccination policy and is subject to change based on EPCC's and/or [Facility/Hospital] requirements moving forward.
	I certify that the information I have provided in connection with this request is accurate and complete as of the date of this submission. I understand this exemption may be revoked and I may be subject to disciplinary action if any of the information I provided in support of this exemption is false.

Please describe the nature of your sincerely held religious beliefs or religious practice or observance that conflicts with the vaccination requirement:

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Please state what specific exemption(s) you feel are needed. Please attach additional documentation, if necessary.

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Please provide any additional information that you think may be helpful in reviewing your request. For example:

- How long you have held the religious belief underlying your objection.
- Whether your religious objection is to the use of all vaccines, a specific type of vaccine or some other subset of vaccines.
- Whether you have received vaccines as an adult against any other diseases.

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Student Signature:	Date:

Part 2 – For EPCC Purposes Only

Date of Initial Request:	Date Any Additional Documentation Received:
Exemption Request:	Date Approved/ Denied:
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	
If approved, describe specific exemption details:	
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If denied, describe why exemption is denied:	
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Date student was informed of approval/denial:	