



Hamilton

The Joel and Elizabeth Johnson Center
for Health and Wellness

REQUEST FOR RELIGIOUS EXEMPTION TO THE COVID-19 VACCINE FORM

Student Name: _____ Date of Birth: _____
Student ID#: _____ Grad Year: _____

A written and signed statement stating you have sincere and genuine religious beliefs which prohibit you from receiving immunizations.

In the area provided below, please write your statement. This statement **must** address all of the following elements:

- Explain in your own words why you are requesting this religious exemption.
- Describe the religious principles that guide your objection to immunization. Please note that philosophical, political, scientific, sociological or other objections to immunizations (rather than sincerely held religious beliefs) do not justify an exemption
- Indicate whether you are opposed to all immunizations, and if not, the religious basis that prohibits particular immunizations.

In some cases, the College will need to obtain additional information and/or documentation about your religious practice(s) or belief(s). We may also need to discuss the nature of your religious belief(s), practice(s) and accommodation with your religion's spiritual leader (if applicable) or religious scholars to address your request for an exception in some cases.

If requested, can you provide documentation to support your belief(s) and need for an accommodation?

_____ Yes _____ No. If no, please explain why:

Religious exemptions are valid for one year from the date listed. They need to be submitted annually for review in advance of the upcoming academic year.

I hereby affirm the truthfulness of the forgoing statement.

Student Signature

Date