

COVID-19 Vaccine Religious Exemption Request Form

College Student Form (Attachment C)

Religious Exemption Requests. This form is used to request a religious exemption to CoxHealth's COVID-19 vaccination requirement. A religious exemption may be granted when a college student holds a sincere religious belief, practice or observation which is contrary to the practice of immunization and granting the exemption does not pose an undue hardship on CoxHealth. Personal preference and philosophical, political or sociological objections are not "religious beliefs" for which a religious exemption will be granted.

INSTRUCTIONS

1. Complete and sign this page (Attachment C).
2. Return completed Attachment C to Cheryl.Dunn@coxhealth.com

After Attachment C is completed and submitted, it will be reviewed, and CoxHealth will notify the College student of the decision to grant the exemption (with or without conditions), deny the exemption, or request more information. Requests for exemption will be kept confidential and shared only with those who need to know.

Student Name: _____

College/School Name: _____

Email Address: _____ Best Phone Number: _____

Advisor Name: _____ Advisor Email: _____

Email Address: _____ Best Phone Number: _____

COVID-19 Vaccine Information: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/your-vaccination.html>

Personal Statement (Must be completed. Attach additional pages if necessary.)

1. Identify the religion you practice or of which you are a member.
2. Describe the reason for your request for a religious exemption from CoxHealth's COVID-19 vaccine requirement.
3. Does the practice or observation of your religion prohibit you from being vaccinated? If so, please describe.
4. Would being vaccinated interfere with your sincerely held religious belief or your ability to practice or observe your religion? If so, please describe.

5. Have you previously been vaccinated for any illness or disease? If so, why do you now object to being vaccinated?

6. Is there anything else you would like us to know about your request?

7. In some cases, additional information about your religious belief, practice or observance may be needed. If requested, can you provide documentation to support your beliefs and need for an exemption?

If no, please explain why:

Verification

I request a religious exemption from the COVID-19 vaccine requirement because my sincerely held religious belief, practice or observance prevents me from receiving the vaccine. I certify that receiving the COVID-19 vaccine violates my religious belief, practice or observance. I further certify that my request for an exemption is not based on mere personal preference or on a philosophical, political or sociological objection to the COVID-19 vaccine. I understand that my request for an exemption may not be granted if it is not reasonable or creates an undue hardship.

I verify that the information I am submitting in support of my request for a religious exemption from the COVID-19 vaccine is complete and accurate, and I understand that any intentional misrepresentation contained in this request may result in suspension and/or dismissal from student rotation privileges.

Signature:_____ **Date:**_____

Printed name:_____