

Student Name: _____

Student ID: _____



Wilkins Wellness Center Religious Exemption from Vaccinations Request

Shenandoah University may grant a religious exemption from one or more of the vaccination or test requirements listed below to any Shenandoah student who makes an approved request, although students in any programs in the Nursing, Pharmacy or Health Professions schools, or in any other program that requires clinical or experiential training, including without limitation music therapy (“Clinical/Experiential Programs”), should be aware that if the University grants the student’s request, it cannot guarantee the student will be able to secure the clinical/experiential assignments necessary to graduate with a degree, or to obtain a licensed position, in their field. In addition, Shenandoah may, in its discretion, make the student responsible for securing clinical/experiential assignments at clinical/experiential sites acceptable to their program.

I also understand and acknowledge that if the University approves my request for a religious exemption from the vaccination requirement for the diseases or medical conditions listed below, I will not have the protections afforded by the vaccine(s). I knowingly and voluntarily agree to assume the risks associated with being a student at the University, and participating in University activities, without the vaccine(s).

In addition, I understand that in the event of an outbreak, potential epidemic or epidemic of a vaccine-preventable disease, the University or the State Health Commissioner or their designee may order my exclusion from the University (or restrict my University activities), for my own protection and/or the protection of others, until the danger has passed.

Notwithstanding the foregoing, I, _____, hereby request a religious exemption from the University”) requirement to be vaccinated against the disease or condition marked below, and to provide proof of such vaccination to the University, for the following:

- ☐ COVID-19 (only required for students who are members of certain groups)
- ☐ MMR
- ☐ Polio
- ☐ Adult TDAP
- ☐ Varicella (only required for students in health care-related programs)
- ☐ Meningitis
- ☐ Hepatitis B
- ☐ Flu
- ☐ All of the above

On my honor as a Shenandoah University student, I hereby represent as follows:

1. I am a member of _____,
[Name or religious organization]

and I have been a member of that religious faith or denomination for _____ years.

Student Name: _____

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2. Members of my faith or denomination have a sincerely held religious belief which prohibits me from being immunized against the disease(s) marked above.

3. Our/my belief is based on the following:

4. The above can be confirmed by _____ who is _____ (Title) within the religious organization identified in Section 1 above.

Please provide the telephone number and email address of the person named in this Section 4:

Telephone Number: _____

Email Address: _____

Please have your faith leader complete page 3 of this document before submitting for review.

Signature of Student

Date

If the student is under the age of 18:

I _____ hereby represent that I am a parent or legal guardian of the student identified above, and I consent to their request for a religious exemption. In addition, I hereby acknowledge and confirm the representations made by the student herein..

Signature of Parent

Date

Printed Name of Parent or Legal Guardian

The following is completed by an official notary:

COMMONWEALTH/STATE _____

CITY/COUNTY of _____

The forgoing instrument was subscribed and sworn or affirmed before me this _____ day of

_____, 202____, by _____.

Notary Signature

Notary Registration Number: _____

Notary Seal

Student Name: _____

Student ID: _____

RELIGIOUS/FAITH LEADER AFFIRMATION

I, _____, affirm that the above-named student's representations are true and correct to the best of my knowledge.

I, _____, affirm that our faith leadership is currently asking our followers not to get the COVID 19 vaccine based on the following doctrine (please provide citation) and/or for the following reason:

Signature of Church/Faith Leader

Date

Printed Name of Church/Faith Leader

Title of Church/Faith Leader

Contact Information of Church/Faith Leader
(Phone number and/or email address)

Student Name: _____

Student ID: _____

Vaccine(s) Exempted: _____

VACCINATION EXEMPTION COMMITTEE DECISION:

APPROVED: ____ **DENIED** ____

DATE: _____ **TIME:** _____

Please email to wwcenter@su.edu, do not upload to portal