

Student Request for Religious Exemption from COVID-19 Vaccine Form

Name: _____

ID#: _____

Department: _____

Miles College Email: _____ Phone: _____

Miles College's policy requires that all students receive a COVID-19 vaccination. A religious exemption may be granted if (i) the individual holds sincere religious beliefs which are contrary to the practice of vaccination, (ii) completes this form, and (iii) provides the required documentation to support the exemption request. Miles College is committed to providing a safe, inclusive, and supportive experience for all and recognizes true and genuine observance of faith as it pertains to the practice of immunization.

Religious exemptions must be requested annually. If approved, the exemption will remain in effect for the duration of the current academic year. Individuals with approved exemptions may request to recertify exemptions each year. The assigned expiration is at the sole determination of Miles College.

Individuals with an approved exemption may be required to comply with COVID-19 testing and other preventive requirements as specified in the exemption approval and as may be updated by later notification and/or posting of requirements on the website. In the event of an outbreak on or near campus, individuals holding exemptions may be excluded from all campus facilities and activities, for their protection, until the outbreak is declared to be over.

The Health & Wellness will carefully review all requests, though approval is not guaranteed. After your request has been reviewed and processed, you will be notified, in writing, if an exemption has been granted or denied. The decisions of the committee are final and not subject to appeal. Individuals are permitted to reapply if new documentation and information should become available.

In order to submit a request, please:

- **Read the [CDC COVID-19 Vaccine Information](#);**
- **Complete and sign the following page of this form;**
- **Complete the Personal Statement Form;**
- **Have your religious leader complete the Religious Organization Statement Form; and**
- **Submit the completed documents**

Incomplete submissions will not be reviewed. Be sure all forms and documentation are submitted at one time.

Please Return to healthctr@miles.edu

Initial next to each of the statements below:

	I request exemption from the COVID-19 immunization requirement due to my sincere religious beliefs. I understand and assume the risks of non-vaccination. I accept full responsibility for my health, thus removing liability from Miles College with respect to the required vaccinations.
	I understand that as I am not vaccinated, in order to protect my own health and the health of the community, I will comply with assigned COVID-19 testing requirements and other preventive guidance.
	I understand that in the event of an outbreak or threatened outbreak, I may be temporarily excluded or reassigned from Miles College's facilities and approved activities (including but not limited to owned housing). I agree to comply with these restrictions and accept responsibility for communicating with faculty and advisors as appropriate to allow compliance with health and safety requirements for unvaccinated individuals. I further understand that restrictions from Miles College facilities, including but not limited to classes and living spaces, does not entitle me to any reduction in tuition, housing charges, or other Miles College fees.
	Should I contract COVID-19, I will immediately report it to Miles College (email to Healthctr@miles.edu) and comply with all isolation and quarantine procedures specified by the college and remove myself from the Mile's community if so advised.
	I acknowledge that I have read the CDC COVID-19 Vaccine Information .
	I understand and agree to comply with and abide by all Miles College COVID19 policies and procedures.
	I understand that, if approved, this exception is only valid for the current academic year, and I am required to resubmit a new request for any subsequent academic year(s).
	I certify that the information I have provided in connection with this request is accurate and complete. I understand this exception may be revoked and I may be subject to the college's disciplinary action if any of the information I provided in support of this exemption is false.

Printed Name: _____

Signature: _____

Date: _____

ID#: _____ Miles College Email: _____

Phone Number: _____

By checking this box and typing my name above, I understand and agree that I am submitting this document electronically and that it is the legal equivalent of having placed my handwritten signature on the submitted document.

Date: _____

