

COVID-19 Vaccination Religious Exemption for Students

Name: _____ Date of Birth: ____ / ____ / ____ CCRI ID: _____
(Please print clearly) Month Day Year

I am aware of CCRI's COVID-19 vaccination policy for students.

I am being informed of the following:

Initial _____ COVID-19 is a serious disease that has killed more than 1,000,000 people in the United States.

Initial _____ COVID-19 vaccination is recommended for me and for all other members of the CCRI community to protect me and other members of the campus community from COVID-19 and its complications, including serious illness and death.

Initial _____ I cannot get COVID-19 from the COVID-19 vaccines.

I acknowledge the following:

Initial _____ CCRI must approve my exemption request and may require me to have a discussion with a CCRI representative prior to granting this exemption. The purpose of the discussion is not to assess religious beliefs, practices or observances but to review the exemption request and provide additional information as may be needed.

Initial _____ CCRI will require individuals who are not vaccinated against COVID-19 to follow additional health and safety precautions that are not required of vaccinated individuals.

I am requesting an exemption from COVID-19 vaccination because the vaccination would be contrary to my religious beliefs, practices or observances.

I understand that I can change my mind at any time and choose to be vaccinated against COVID.

Please provide a detailed statement describing how the vaccination would be contrary to your religious beliefs, practices, or observances.

Include a telephone number and email address below where you can be reached if needed.

Email address: _____

Telephone: _____

Signature: _____

Date: _____

Signature: _____

Date: _____

(Parent's signature required if under 18)