



Health and Counseling Services

4245 East Avenue

Rochester, NY 14618-3790

(585) 389-2500

Fax: (585) 389-2503

health@naz.edu

naz.edu/health-and-counseling

COVID-19 Vaccine: Religious Exemption Request

Student Name: _____ Naz ID: _____

School/Department: _____ Email: _____

Phone: _____

COVID-19 vaccination and booster (if eligible) is required for all enrolled students of Nazareth College, unless the student obtains an approved medical or religious exemption. A student may be exempt from vaccination and/or booster if the student holds genuine and sincere religious beliefs which are contrary to the practice of vaccination. Nazareth is committed to providing a safe, inclusive, and supportive experience for all students and recognizes student observance of their faith as it pertains to the practice of vaccination. For consideration of exemption to the COVID-19 vaccination/booster requirement, please complete each of the following:

- **Provide a written and signed statement detailing the religious basis of your objection, explaining why you are requesting this religious exemption, the religious principles that guide your objections to vaccination and/or booster, whether you are opposed to all vaccinations or just the COVID-19 vaccination and/or booster.**
- **If the objection is only to the COVID-19 vaccination and/or booster, please provide the religious basis that prohibits this particular vaccine.**
- **Provide a document from your religious organization or tradition supporting the basis of your faith/beliefs which are contrary to the practice of vaccination or use of vaccines.**
- **Read the [CDC COVID-19 Vaccine Information](#).**
- **Please read the following statements:**

I understand Nazareth College requires all students to receive an approved COVID-19 vaccination series and booster vaccine if eligible (more than 5 months has elapsed following completion of a FDA approved mRNA vaccine series, or 2 months has elapsed following receipt of a FDA approved viral vector vaccine ie: J&J).

I understand that, if my accommodation request is granted due to a religious objection to COVID-19 vaccination and/or booster, I must wear a mask at all times and abide by any other safety measures that may be required by the College, including weekly surveillance testing if required.

I understand that if weekly surveillance testing becomes required, due to rising case rates, religiously exempt students who do not comply with weekly surveillance testing will be referred to the Student Conduct process, and will receive a fee on their student account in the amount of \$250 for each week missed. A hold will be placed on the student's account if the student has an outstanding balance of \$750 or more. Once the student pays their balance, the hold will be removed.

I understand that in the event of an outbreak, religiously exempt individuals should be protected from exposure, which may include restrictions from classes or campus, or college sponsored events.



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I further understand that quarantine or isolation, or other such restriction from College facilities and/or College sponsored events, does not entitle me to any reduction in tuition, housing charges, meals, or other college fees.

Should I contract COVID-19, I will immediately email health@naz.edu and follow all applicable isolation and quarantine policies and procedures.

Please note, submitting this request does not guarantee approval of your exemption request. Please allow at least 10 business days for your request to be processed. Upon review, you will be notified in writing if the exemption has been granted.

At any time, the College reserves the right to request additional supporting documentation. If approved, the religious exemption will remain in effect for the duration of the current academic year. Religious exemption requests must be renewed annually.

In order to have your exemption request considered, please complete this form, attach all supplemental materials, and send them to Health and Counseling Services, contact information displayed above. **Exemption requests must be received by July 31st, 2022.**

All statements made above are true to the best of my knowledge and belief. I understand that, if granted, this exemption may be revoked, and I may be deemed in violation of student conduct, if any false information has been used to request an exemption. I have read and understood the above information.

Student:

Printed Name: _____

Signature: _____ Date: _____

☐ by checking this box and typing my name above, I am electronically signing this form.

For Minors Only:

Parent/Guardian's Printed Name: _____

Parent/Guardian's Signature: _____ Date: _____

☐ by checking this box and typing my name above, I am electronically signing this form.

Parent/Guardian's Email: _____ Phone: _____



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Decisions of exemption are final and not subject to appeal.

Incomplete submissions will not be reviewed.