



Request for Religious Immunization Exemption Form

Name: _____

Email: _____ Phone: _____

College of the Atlantic (COA) policy requires that all students, faculty, and staff receive a COVID-19 vaccination. A religious exemption may be granted if (i) the individual holds genuine and sincere religious beliefs which are contrary to the practice of immunization, (ii) completes this form, and (iii) provides the required documentation to support the exemption request.

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.

Individuals with an approved exemption will be required to comply with COVID-19 testing and other COA protocols. 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.

All requests will be carefully reviewed by the COA COVID-19 Response Team, or a subset thereof, 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 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](#)
- Provide a personal written and signed statement detailing the religious basis of your objection, explaining why you are requesting this religious exemption, the religious principle(s) that guide your objections to immunization, and the religious basis that prohibits COVID-19 vaccination.
- Completed form (see next page)
- Obtain and submit documentation from your religious organization that must include all of the following:
 - Religious leader's name (not related to you)
 - Religious leader's signature
 - Name, address, phone number, and email of the religious organization
 - Statement of certification that you are a member of the organization in good standing and hold a sincere religious belief
 - A detailed explanation from your religious organization supporting the basis of your

faith/beliefs which are contrary to the practice of immunization or use of COVID-19 vaccines

- Attach all supplemental materials; and
- Students: upload the completed documents to the student portal.
- Staff and faculty: email the completed documents to covid19coordinator@coa.edu.

Please note that COA reserves the right to request additional supporting documentation at anytime.

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

Initial next to each of the statements below:

	I request exemption from the COVID-19 immunization requirement due to my genuine and sincere religious beliefs. I understand and assume the risks of non-immunization. I accept full responsibility for my health, thus removing liability from College of the Atlantic to the required immunizations.
	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 protocols.
	I understand that in the event of an outbreak or threatened outbreak, I may be temporarily excluded from COA facilities and activities. I agree to comply with these restrictions and accept responsibility for communicating with supervisors, staff, and faculty as appropriate.
	Should I contract COVID-19, I will <u>immediately</u> report it to the COA COVID-19 Coordinator and comply with all isolation and quarantine protocols as outlined by COA.
	I acknowledge that I have read the CDC COVID-19 Vaccine Information .
	I understand and agree to comply with and abide by all COA policies and protocols.
	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 COA disciplinary action if any of the information I provided in support of this exemption is false.

Printed Name: _____

Signature: _____

Date: _____

COA Email: _____

Phone number: _____

By checking this box and typing my name above, I am electronically signing this

form. Date: _____