Request for religious exemption/accommodation regarding COVID-19 vaccination

COA is committed to providing equal employment opportunities to all students regardless of their protected status under Maine or federal law. Similarly, COA is committed to complying with all federal, state, and local laws protecting students’ sincerely held religious beliefs and practices. Accordingly, students requesting exemption from COA’s mandate for COVID-19 vaccinations should complete this form, and COA will engage with the student to determine whether the requested accommodation is reasonable and does not create an undue hardship for COA or pose a direct threat to the health or safety of other students, community members, or to the requesting student.

Students requesting an exemption or other accommodation for a sincerely held religious belief or practice should complete this form and return it to the COA COVID-19 coordinator no later than August 1, 2022. A COVID-19 coordinator liaison will be in contact with you to engage in the interactive process and determine appropriate accommodations, if any exist, on a case-by-case basis. If a requesting student refuses or fails to provide information needed in this process, that refusal may impact COA’s ability or obligation to adequately understand the request or to engage in the interactive process and may result in a denial of the request.

Part 1  [To be completed by student]

Name: ___________________________________ Date of request: ________________

Please explain below why you are requesting an exemption/accommodation:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

If requested, can you provide documentation to support your belief(s) or practice(s) resulting in the need for accommodation? _____ Yes _____ No
Describe any alternate accommodations that might address your needs, if applicable:

______________________________________________________________________________

______________________________________________________________________________

Verification

By signing below, I verify that the information I have submitted in support of my request for an accommodation/exemption relating to COA’s COVID-19 vaccination requirement is complete and accurate to the best of my knowledge, and I understand that providing false or misleading information in this request may result in student conduct or disciplinary action.

I also understand that my request may or may not be granted if it is not reasonable, if it poses a direct threat to the health and safety of others or to me, or if it creates an undue burden on COA.

I understand that in the case of an outbreak of COVID-19 within the COA community or the surrounding community, for which I am not vaccinated against, I may be kept out of school or transitioned to a remote-learning environment. The length of time for remote learning may vary depending on the length of the outbreak and the existence of a threat. I also understand that if I am kept out of school, COA may not be able or required to provide complete remote-learning opportunities or a refund for the time when I am unable to complete my regular on-campus learning or activities. If I receive an approved exemption for any reason, I understand that I must follow the masking, social distancing guidelines, and any other precautionary measures set forth by COA for students and perhaps for only unvaccinated students.

Student signature:_____________________________ Date: _________________

Print name: _________________________________

Part 2 [To be completed by COA COVID-19 coordinator/liaison]

Is the above-stated requested exemption accommodation:

☐ Approved
☐ Denied
If Exemption/Accommodation granted, list required alternative safety precautions required at this time:

-  
-  
-  

Date discussed with student: ______________________

If applicable, next date or time for interactive process meeting: ______________________

COA COVID-19 coordinator/liaison: ______________________ Date: ________________