

REQUEST FOR RELIGIOUS COVID-19 VACCINE EXEMPTION



Please upload Completed Form to CastleBranch (or Typhon, for DNP students).

STUDENT COMPLETE:

Name: _____ Student ID Number: _____

Academic Program: _____ Phone Number: _____

ACKNOWLEDGEMENT

You do have a choice to not be vaccinated. Unfortunately, clinical sites do not have to accept students who are not vaccinated even with exemptions. I understand that if I am not vaccinated, I will be required to wear a mask or use other protective devices while on campus, in patient care areas, or healthcare facilities. I may be required to pay for these protective devices. I understand that I am required to remove myself from classrooms and clinical rotations at the first sign of infection/ disease. I understand that I may not return until cleared by Campus Health. I understand that in case of a communicable disease breakout, I may be temporarily excluded from classes, clinical rotation, student housing, and campus at the discretion of Campus Health.

I understand that I may be excluded from participation in clinical activities based on my vaccination status, and thus unable to progress in my program, due to clinical site-specific vaccination policies. NMC is required to follow those policies and cannot prepare simultaneous or virtual alternate clinical plans for students that are unable to attend clinical/fieldwork due to vaccination status. I understand that I am responsible for informing my clinical instructors of my vaccination status so that they may assist me in determining agency requirements and patient assignments. I understand that failure to comply with these requirements may result in disciplinary action up to and including dismissal from the program. I understand that I may change my mind at any time and accept the COVID-19 vaccination, if the vaccine is still available. I understand that I may be putting not only myself, but also my patients for whom I care, at risk.

Note that beliefs pertaining to economic, social, personal preferences or political ideals are not considered religious for the purpose of compliance with this regulation, nor are concerns about vaccine safety, efficacy, trustworthiness of the media, government and/or the pharmaceutical industry.

Please describe the nature of your sincerely held religious belief, practice or observance that conflicts with your ability to be vaccinated from COVID-19.

What specific doctrines or beliefs are contradictory to you accepting the COVID-19 vaccine?

I certify the above information to be true and accurate, and will provide supporting documentation at the request of the Religious Exemption Panel. I understand and agree to the above Acknowledgement, and agree to abide by all NMC protocol for unvaccinated students.

Student Signature: _____ Date: _____

RELIGIOUS EXEMPTION PANEL COMPLETE:

Accepted Religious Exemption

Denied Religious Exemption

If the request was rejected, please indicate why below:

Printed Reviewer Name _____

Reviewer Signature _____ Date _____