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| **COVID-19 Vaccination** **Religious Exemption Request Form 1** |

Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Based on a response you provided either through immunization self-attestation, enrollment or through employment application, you have requested exemption.

Tacoma Community College will provide reasonable accommodations to qualified students with religious beliefs, unless providing such accommodations would pose an undue hardship.

Please complete this form in its entirety and return your response to the **Student Services Department (and if in Health Sciences student to the designated program).** Please complete your response as per the program deadlines. To avoid delay, please feel free to electronically transmit your response through secure email transmittal to kray@tacomacc.edu. If you are in a Health Sciences program please also send to hbps@tacomacc.edu.

If you have any questions or need more information, please do not hesitate to contact Kathryn Ray at 253.566.5115 or email kray@tacomacc.edu.

**Below are initial intake questions for you to respond to in requesting a sincerely held religious belief exemption.**

**Student Instructions**

 **Please complete the following:**

Student name and ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please answer yes or no to both statements below:**

You, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Print student name], assert that you have a sincerely held religious belief or religious conviction that prevents you from receiving the COVID-19 vaccine. ☐ **YES** ☐ **NO**

You, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [Print student name] affirm/agree that you have never received a vaccine from a health care provider as an adult. ☐ **YES** ☐ **NO**

In most circumstances, Tacoma Community College will need to obtain additional follow up information about your strongly held religious belief(s). Human Resources staff will reach out to you if additional information is needed to process this request.

In signing, I certify that I have read and understood the information provided in this request, and that it is true to the best of my knowledge, information and belief.

Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **COVID-19 Vaccination** **Religious Exemption Request Form 2** |

Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**On your original request for religious exemption you were asked to provide a yes or no response to the following questions:**

*You assert that you have a sincerely held religious belief or religious conviction that prevents you from receiving the COVID-19 vaccine.*

 *You affirm/agree that you have never received a vaccine from a health care provider as an adult.*

If you answered “yes” to both questions on your original submittal of the religious exemption request, you do not need to complete this form.

However, our records indicate that you answered “no” to either one or more of the exemption assertions on your request. We are following up with you to obtain additional information as part of the reasonable accommodation assessment process.

Failure to provide the information as requested may cause your exemption request to be rejected.

**Instructions for students:** Please complete each of the following questions and return this document to kray@tacomacc.edu for additional review. If you are in a Health Sciences program please also send to hbps@tacomacc.edu.

Please explain how a COVID-19 vaccine conflicts with your sincerely held religious beliefs. Please attach additional pages if needed to document the full response.

How long have you held these religious beliefs?

Do your religious beliefs include objections to other vaccines?

If yes, please explain. Please attach additional pages if needed to document the full response.

Have you ever received a vaccination in the past? If so, under what circumstances?

If your religious tenets do not include objections to all vaccines, please explain why the COVID-19 vaccine is objectionable based upon your religious beliefs while at least some others are not. Please attach additional pages if needed to document the full response.

Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_