



## Wellness Center

### Religious Exemption from COVID-19 Vaccination Request – Student

**Section I:** (to be completed by Student or Parent/Guardian if Student is under 18)

Student Name: \_\_\_\_\_ (First MI Last)

Date of Birth: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

To reduce the risk of COVID-19 transmission among our community, Russell Sage College (RSC) has adopted the [RSC COVID-19 Vaccine Policy](#) (the “Policy”), which requires all students and employees to be fully vaccinated with an authorized COVID-19 vaccine prior to the beginning of the Fall 2021 semester and receive a booster shot when eligible, unless they (1) submit a written request for a medical or religious exemption, and (2) the request is granted following a review by the Director of the Wellness Center.

I understand that, under the Policy, to request a religious exemption, I must submit a written statement demonstrating that I hold a genuine and sincere religious belief which is contrary to immunization (see Section II, below), and that RSC reserves the right to request supporting documentation of my sincerely held religious belief.

I understand that RSC can only provide reasonable accommodations to students with approved religious exemptions provided the reasonable accommodations do not create an undue hardship for the College and/or do not pose a direct threat to the health or safety of others on campus.

I understand that, even if my religious exemption is granted:

- RSC intends to return to full in-person mode, without routinely scheduled online options, for classes normally taught in person.
- Many courses and degree requirements CANNOT be fulfilled via remote learning options. Examples of these include, but are not limited to, experiential rotations and laboratory coursework. The inability to take these classes in-person might result in a graduation delay.
- RSC reserves the right to deny remote work or learning as an accommodation, if other accommodations are available and effective.
- For students in any programs in the Nursing or Health Sciences school, or in any other program that requires clinical or experiential training, even if RSC grants the

student's request, RSC cannot guarantee the student will be able to secure the clinical/ experiential assignments necessary to graduate with a degree, or to obtain a licensed position, in their field. In addition, RSC may, in its discretion, make the student responsible for securing clinical/ experiential assignments at clinical/experiential sites acceptable to their program.

I also understand and acknowledge that if RSC approves my request for a religious exemption from its vaccination requirements, I will not have the protections afforded by the vaccine(s). By signing below, I knowingly and voluntarily agree to assume the risks associated with being a student at RSC, and participating in College activities on and off campus, without the vaccine(s) intended to prevent COVID-19.

In addition, I understand that, while I may participate fully in campus activities (i.e., classes, events, athletics, residence life), I must abide by the following additional health and safety precautions:

- submit a negative COVID-19 test result before arrival to campus prior to the beginning of the semester;
- participate in surveillance testing throughout the semester;
- complete the daily health screener;
- wear masks on campus both indoors and outdoors;
- quarantine if I test positive or become exposed to COVID-19; and
- leave campus in the event of a COVID-19 outbreak, as defined by the local Department of Health.

Notwithstanding the foregoing, I, \_\_\_\_\_, hereby request a religious exemption from RSC's requirement to be vaccinated against COVID-19.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If the student is under the age of 18, I, \_\_\_\_\_, hereby represent that I am a parent or legal guardian of the student identified above, and I consent to their request for a medical exemption. In addition, I hereby acknowledge and confirm the representations made by the student herein.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section II:**

On my honor as a Russell Sage College student, I hereby represent as follows:

1. I have a genuine and sincerely held religious belief which prohibits me from being immunized against COVID-19.
2. My belief is based on the following:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. RSC reserves the right to request supporting documentation of my sincerely held religious belief.

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

**If the student is under the age of 18:**

I \_\_\_\_\_ hereby represent that I am a parent or legal guardian of the student identified above, and I consent to their request for a religious exemption. In addition, I hereby acknowledge and confirm the representations made by the student herein..

Signature of Parent

Date

Printed Name of Parent or Legal Guardian