STEPHEN F. AUSTIN STATE UNIVERSITY
SCHOOL OF NURSING
Request for Religious Exemption of Covid-19 Vaccination Form

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<th>Name:</th>
<th>Date of Birth:</th>
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<td>Email:</td>
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AFTER YOU COMPLETE THIS FORM, SUBMIT IT TO THE DIRECTOR OF THE DEWITT SCHOOL OF NURSING. By submitting this form, you certify that it is true and accurate and that you are requesting an exemption from the COVID-19 vaccination.

Please identify the particular, sincerely held religious belief, observance or practice that you would violate or forgo in receiving a COVID-19 vaccine:

Describe how receiving a COVID-19 vaccine conflicts with your sincerely held religious belief, observance or practice. Please be as specific as possible in describing your sincerely held religious belief, observance or practice and how it supports your request for an exemption from a vaccination requirement:
Without providing any underlying medical information, since the age of 18, have you received other vaccinations, such as the seasonal flu (influenza) vaccine, Td/Tdap vaccine (Tetanus, diphtheria, and pertussis), shingles vaccine, or HPV vaccine? If yes, please explain how your sincerely held religious belief, observance or practice distinguishes between the COVID-19 vaccine and other vaccines you have received.

In some cases, additional information and/or documentation about the sincerity and/or religious nature of your practice(s) or belief(s). There may also be a need to discuss the nature of your religious belief(s), practice(s) and accommodation with your religion’s spiritual leader (if applicable), or religious scholars, to address your request for an exemption.

If requested, can you provide documentation to support your belief(s) and practice(s) and need for an accommodation?
☐ Yes  ☐ No

If no, please explain why:

Initials ___ I understand the benefits and the risks of the vaccine; I understand the risk of contracting the disease that the vaccine may prevent; and, I understand the risk of transmitting the disease to others. I certify the above information to be true and accurate, and request a religious exemption from the COVID-19 vaccination. I understand I have the right to decline immunizations, but I may be required to adhere to additional precautions or be denied clinical placement in specific facilities / units. I understand faculty cannot ensure alternate placement to meet clinical requirements. I understand I may be required to submit additional clinical facility specific exemption request documentation to be reviewed and approved/declined by the clinical facility. I understand that if I am granted a religious exemption, I may still be subject to testing and other public health requirements or measures that may not apply to vaccinated individuals. If granted access on an exemption basis to any site that requires vaccination, I agree to comply with all public health measures in place for unvaccinated individuals. I verify that the information I am submitting on this form is true and accurate to the best of my knowledge. I also understand that a knowingly false statement on this form will be cause for disciplinary action, up to and including expulsion from academic program.

Signature: ___________________________  ID: ___________________________

Date: ___________________________

For internal use only: ☐ Approve  ☐ Disapprove  Director’s Signature: ___________________________

Date: ___________________________