

## Religious Exemption Request & Waiver

### Influenza Vaccination

#### Student Information – *To be completed by student*

Printed Name: \_\_\_\_\_ 3-4 ID: \_\_\_\_\_

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

A religious exemption to influenza immunization may be granted based on an individual's sincerely held religious belief, practice or observance that prohibits influenza vaccination. A "religious belief, practice, or observance" includes moral or ethical beliefs as to what is right and wrong which are sincerely held with the strength of traditional religious views. Social, political, or economic philosophies, as well as personal preferences, do not constitute sincerely held religious beliefs.

I attest that my religious belief is sincerely held and receiving the influenza vaccination conflicts with my religious belief.

#### If you wish to request a religious exemption from vaccination requirement, please sign the waiver below:

\_\_\_\_\_ (Initial) I understand that the exemption may not be accepted by clinical partners, even if accepted by Research College of Nursing.

\_\_\_\_\_ (Initial) I understand that if clinical partners do not accept the exemption, I may not attend clinicals at those facilities.

\_\_\_\_\_ (Initial) I understand that if I cannot complete clinical at my assigned clinical facility, I will not pass the clinical course.

\_\_\_\_\_ (Initial) I understand that failure to pass the clinical course could result in failure to graduate on time or dismissal from the program.

\_\_\_\_\_ (Initial) I agree not to hold Research College of Nursing liable or accountable if I am unable to complete clinical courses, including if graduation is delayed or I am dismissed from the program because of the course failure.

\_\_\_\_\_ (Initial) I understand that without vaccination, I am at increased risk to acquire, and/or transmit disease, which could lead to serious illness or death.

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

#### ***For internal use only:*** **(Post-initial review)**

This form is:

- Complete  
 Incomplete

Internal review date (if applicable): \_\_\_\_\_

Comments: \_\_\_\_\_

**Completed forms must be submitted to the Dean at [Rebecca.Saxton@researchcollege.edu](mailto:Rebecca.Saxton@researchcollege.edu).**