

## REQUEST FOR A RELIGIOUS EXCEPTION TO THE COVID-19 VACCINATION REQUIREMENT



To request a religious exemption, please complete the form on pages 2 and 3 of this document. The form **starts** the process and helps Richland determine eligibility for a religious exemption. You are encouraged to provide as much information as possible to enable Richland to evaluate your request.

Pursuant to the Interim Final Rule published by the Centers for Medicare and Medicaid Services (CMS) on November 5, 2021, and other applicable executive orders, all Richland students and faculty who attend clinicals must be vaccinated against COVID-19, with exceptions only as required by Federal law. In certain circumstances, Federal law may entitle faculty and students who have a religious objection to the COVID-19 vaccination requirement to receive an exemption. Faculty and students whose exemptions are approved would instead comply with alternative health and safety protocols as outlined by the clinical sites. Richland is committed to respecting the important legal protections for religious liberty.

Objections to COVID-19 vaccinations that are based on non-religious reasons, including personal preferences, political or social philosophies, or non-religious concerns about the vaccine, do not qualify for a religious exemption. Richland may ask for additional information as needed to determine if entitled to an exemption.

Richland may consider several factors in assessing whether a request for an exemption is based on a sincerely held religious belief, including whether the colleague has acted in a manner inconsistent with their professed belief. But no one factor is determinative. An individual's beliefs—or degree of adherence—may change over time and, therefore, a newly adopted or inconsistently observed practices may nevertheless be based on a sincerely held religious belief. All requests for a religious exemption will be evaluated on an individual basis.

I declare to the best of my knowledge and ability that the following information is true and correct. Any intentional misrepresentation to Richland may result in disciplinary action. I have read and fully understand the information on this request for exemption. I also understand that if my request is approved, it may later be rescinded if there are changes to pandemic conditions or applicable legal requirements. Exemption from vaccination for any future years will require the completion and submission of a new request form and may require the provision of additional information and/or supportive documentation.

## **REQUEST FOR A RELIGIOUS EXCEPTION TO THE COVID-19 VACCINATION REQUIREMENT**



Please respond to each of the following statements/questions.

### **QUESTIONS:**

- 1. Please describe the nature of your objection to the COVID-19 vaccination requirement.**
  
  
  
  
  
  
  
  
  
- 2. Would complying with the COVID-19 vaccination requirement substantially burden your religious exercise or conflict with your sincerely held religious beliefs, practices, or observances? If so, please explain how.**
  
  
  
  
  
  
  
  
  
- 3. How long you have held the religious belief underlying your objection?**
  
  
  
  
  
  
  
  
  
- 4. Does your religious objection apply to the use of all vaccines, COVID-19 vaccines, a specific type of COVID-19 vaccine, or some other subset of vaccines? Please explain.**

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5. Have you received other vaccines as an adult against any other diseases (such as for influenza, hepatitis, MMR, tetanus, etc)? If yes, please explain why you have a religious objection to the COVID-19 vaccine but not to the other vaccines.
  
  
  
  
  
  
  
  
  
  
  
  
  
  
6. Please provide any additional information that you think may be helpful in reviewing your request.

I declare to the best of my knowledge and ability that the foregoing is true and correct.

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Print Name

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Signature

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Date

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ID Number

Please submit the completed and signed form via email to [espanber@richland.edu](mailto:espanber@richland.edu) OR in a sealed envelope to SHIELD Testing Area W113/W167 during SHIELD Testing Hours. For hard copies, please write RCC ID# on the envelope.