

**Request for Exemption From Immunization Requirement: Religious
(College of Health Sciences Student)**

Samford University (the “University”) is committed to providing equal educational opportunities and an educational environment that is free of unlawful harassment, discrimination, and retaliation. The University, as a religious institution of higher education, endeavors to comply with all applicable laws protecting students’ religious beliefs and practices.

When requested, the University will provide an exemption or reasonable accommodation for a student’s sincerely held religious beliefs and practices which prohibit the student from receiving a vaccine otherwise required by the University, provided the requested exemption or accommodation is reasonable and does not create an undue hardship for the University or pose a direct threat to the health and/or safety of others in the workplace, educational environment, residence halls (if applicable), and/or to the requesting student.

Students enrolled in the College of Health Sciences (“CHS”) may request an exemption or accommodation related to a University or CHS school and program specific vaccination requirements by completing this form and returning it to their program director and the CHS contracts team. This information will be used by appropriate University personnel to engage in an interactive process to determine eligibility for an accommodation or exemption and to identify potential accommodations or exemptions. If a student refuses to provide such information, the refusal may impact the University’s ability to adequately understand the individual’s request or effectively engage in the interactive process to determine if an exemption or reasonable accommodation is possible.

Student Name: _____ Date of Request: _____

School and Program Enrolled: _____

Student Statement:

I understand CHS, in accordance with the recommendations of the American College Health Association and based on the standard requirements of hospitals and other clinical sites that accept CHS students, requires each student to submit documentation of certain immunizations. I request an exemption from this requirement on the grounds that such immunization(s) is contrary to my sincerely held religious belief as further described below.

I have been informed of the benefits and risks of immunization against vaccine-preventable diseases and the risks of not being immunized. I understand that, in the event of a public health emergency including an outbreak of a vaccine preventable disease for which I have not been immunized, I may be subject to exclusion from campus at the University’s discretion. I agree to assume the risks resulting from declining these vaccines, and I agree to indemnify and hold harmless Samford University from any liability resulting from my declining these vaccines.

I understand that Samford’s approval of my exemption request does not have an impact on the vaccination requirements of any clinical site. I therefore acknowledge that my ability to be

placed at a clinical site may be negatively impacted by my lack of immunizations required by any given clinical site and, as a consequence, if I am unable to be placed at a clinical site my degree progress may be delayed or hindered.

Student Signature: _____ SUID: _____

Student Name (print): _____ Date: _____

Parent/Guardian Signature (if under 19): _____ Date: _____

The student shall identify below the vaccine for which the student is requesting a Religious Exemption/Accommodation and why that vaccine is prohibited by the student's sincerely held religious beliefs (use additional paper, if needed):

This request must be accompanied by a completed, signed and acknowledged "Affidavit of Religious Objection to Vaccination". In some cases, the University will need to obtain additional information and/or documentation about the student's sincerely held religious practice(s) or belief(s). The University may need to discuss the nature of the student's religious belief(s), practice(s), and accommodation with the religion's spiritual leader (if applicable) or religious scholars to address the request for an exemption or accommodation.

If requested, can you (the requesting student) provide documentation to support your belief(s) and need for an accommodation? _____ Yes _____ No

If no, please explain why (use additional paper, if needed): _____

Student Verification and Accuracy

I verify that the information I am submitting in support of my request for an exemption or accommodation is complete and accurate to the best of my knowledge, and I understand that any intentional misrepresentation contained in this request may result in disciplinary action. I also understand that my request for an exemption or accommodation may not be granted if it is not reasonable, if it poses a direct threat to the health and/or safety of others in the workplace, school environment, housing facilities and/or to me, or if it creates an undue hardship on the University.

I verify that I have communicated with school leadership about my request for an exemption or accommodation.

Student Signature: _____ Date: _____

Dean Signature: _____ Date: _____

Chair Signature: _____ Date: _____

Medical Professional Certification

I, _____, (*Name of licensed MD or DO*) hereby certify that I have counseled the above-named student on the benefits of immunizations and the health risks to the student and the community by the communicable disease for which immunization is required and the exemption or accommodation is requested.

Signature: _____

Print Name: _____

Medical Degree and Concentration/Specialty: _____

Street Address: _____

Telephone: _____ Email: _____

AFFIDAVIT OF STUDENT RELIGIOUS OBJECTION TO VACCINATION

_____ (*print name of student*) personally appeared before the undersigned notary public and swore or affirmed that the following is true and correct:

1. I, the undersigned, certify that I am at least nineteen (19) years of age and competent to make this affidavit.
2. I understand that Samford University (University) and its College of Health Sciences (CHS) require students to receive certain vaccinations and provide documented proof of such vaccinations before being enrolled at the University, to participate in certain academic majors, disciplines or programs, and/or allowed to routinely appear on campus.
3. I have received and I have read and am familiar with University Policy 1.15 titled Student Immunizations (the "Immunization Policy").
4. I sincerely affirm that the _____ vaccination identified in the Immunization Policy is contrary to my religious beliefs, and that my objections to this vaccination are not based solely on grounds of personal philosophy, preference or inconvenience.
5. I understand and accept that, notwithstanding my religious objections, I may be excluded from on-campus facilities, including student housing facilities, during an epidemic, pandemic or threatened epidemic or pandemic of any disease preventable by a vaccination required by the University.
6. I acknowledge and understand that some clinical placement sites may require CHS students to have certain immunizations or tests that are not compulsory pursuant to the Immunization Policy and irrespective of any medical or religious exemption that I may be granted by the University. I understand that most clinical sites will require immunization irrespective of any exemption provided by the University. Therefore, there the University cannot make any representations or offers of assurance that any alternative clinical placements can or will be available and this may affect my academic status (e.g. full time versus part time), eligibility for financial aid, academic schedule, graduation date, licensure eligibility and employment prospects.
7. I understand and accept that the University has no control over the vaccination or test requirements of clinical partners, therefore clinical opportunities may be restricted by the clinical sites and may delay or hinder my degree progress and graduation date.
8. I further acknowledge and understand that even if I am granted an exemption or accommodation, my continuing enrollment at the University may later require that I receive the vaccination if required by applicable law (including public health orders) or new healthcare information leads the University to determine that continuing the exemption or accommodation is no longer advisable.

Signature: _____

Sworn and subscribed before me this _____ day of _____, _____.

Notary Public: _____

My commission expires: _____

[NOTARY SEAL]