

YC HEALTHCARE STUDENT

RELIGIOUS EXEMPTION REQUEST FROM COVID-19 VACCINE

Student Name (print): _____ Program: _____ Date: _____

Please explain the religious belief, policy, practice, observance, or schedule that prevents you from getting any COVID-19 vaccination, (including the adenovirus options), and necessitates this request for religious exemption:

Please specify the class(es) for which exemption is being sought:

Length of time the exemption is requested: _____

Please describe the specific conflict of religious belief, policy, practice, observance, or schedule any COVID-19 vaccine (including the adenovirus options), conflicts with your religious or sincerely held beliefs. Please include in your response the specific reasons the vaccine requirement conflicts with your religious or sincerely held beliefs, policies, practices, observances, or schedule:

Please Check: Yes: _____ No: _____ I am voluntarily declining to receive the COVID-19 vaccine as required by clinical agency partners, for student clinical learning placements. I understand that I may be exposed to the COVID-19 virus while participating in the placement and therefore understand and accept the associated risks.

I understand that even though YC may collect this request, clinical agencies have their own exemption policies and forms which I may be required to comply with. They have the right to review and approve or decline this request. This exemption is specific to the dates requested and YC will attempt to provide a reasonable placement as a result of this request that does not create an undue hardship on YC.

Student Signature: _____ Date: _____

School Representative Signature: _____

Title: _____ Date: _____