



Appendix B
COVID-19 Vaccination Exemption Request Form

Attestation of Student
COVID-19 Vaccine Exemption

SECTION 1 – This form must be completed annually to be considered for a medical or religious exemption from the COVID-19 vaccination requirement.

Legal name: _____ Date of birth: _____ Student ID: _____

Email: _____ Phone number: _____

SECTION 2 - I am declaring that I am unable to be vaccinated for COVID-19 on the following basis (check all that apply):

Medical/Disability Accommodation: I have a medical condition or disability that prevents me from being able to take any COVID-19 vaccine.

NOTE: To be eligible for this exemption, I understand that I must provide a **written statement** signed by a physician, nurse practitioner, or other licensed medical professional practicing under the license of a physician, stating that I qualify for the exemption (but the written statement should not describe the underlying medical condition or disability) and indicating the probable duration of my inability to receive the vaccine (or if the duration is unknown or permanent, so indicate).

Religious Belief Accommodation: I have a sincerely held religious belief, practice, or observance that prevents me from taking any of the FDA authorized or approved COVID-19 vaccines.

NOTE: Social, political, or economic philosophies, or personal preference will not be considered religious tenet or belief for this exemption.

What is the name of your religious affiliation? _____

How long have you held this religious tenet or belief? _____

State your religious tenet or belief that prevents you from taking the COVID-19 vaccine. Please provide a brief explanation along with support from the head of your religious order.



SECTION 3 – Signature and Attestation (Required for both exemption types)

I declare that the statement above is true and correct:

Signature: _____

Date: _____

Printed Name: _____

Clinical Facility: _____

SECTION 4- Site Placement and Testing Requirements

Students who receive an approved exemption for the COVID vaccination may be restricted from certain clinical sites. In addition, students who decline the vaccine will be subject to the mandatory requirements for American Sentinel College of Nursing and Health Sciences at Post University students as well as any additional requirements per the clinical site. At a minimum, these mandatory requirements include the following:

- Minimum of daily temperature screening which must be recorded in Castlebranch
- Attestations regarding travel, exposure and COVID symptoms
- Monitoring and reporting fever and other symptoms, including but not limited to
 - Cough
 - Fever or chills
 - Shortness of breath or difficulty breathing
 - Muscle or body aches
 - New loss of taste or smell
 - Congestion or runny nose
 - Sore throat
 - Fatigue
- Testing for COVID twice a week which must be recorded in Castlebranch

This information will be uploaded into the Castlebranch COVID tracker. Students with a religious exemption will incur a monthly fee of \$12.99. In alignment with ADA, these fees are paid by Post University for students with an approved medical exemption.