

## REQUEST FOR RELIGIOUS EXEMPTION FROM COVID-19 VACCINATION

## **SPECIAL SUMMER PROGRAM**

All students must be medically cleared to participate in all residential and non-residential Special Summer Programs, to include moving into the residence halls and attending program classes/events. The deadline to submit all documentation to request an exemption is <a href="May 15">May 15</a>, <a href="May 2023">2023</a>. The exemption request must be approved before students are allowed to participate.

Hampton University requires all students to be fully vaccinated for COVID-19. The University's goal is to protect the health and safety of its faculty, staff, and students (the "University Community") and avoid a potentially devastating campus-wide outbreak of COVID-19. This mandatory vaccine program is designed to help achieve that goal by minimizing the transmission of COVID-19. If your religious beliefs or practices conflict with the COVID-19 requirement, please provide the following information so that we may evaluate your request for an exemption.

## TO BE COMPLETED BY THE STUDENT

Full Name:	Date of Birth:	
Parent/Guardian Email Address:	Parent/Guardian Contact Number:	

Please explain in the space below the nature of your religious belief, practice, or requirement and how your religious belief, practice, or requirement prevents you from being able to take the COVID-19 vaccine, including (as applicable):

- Details concerning the nature of your religious belief, practice, or requirement;
- Describe the manner in which taking the COVID-19 vaccine will violate your sincerely held religious belief, practice, or requirement;
- In some cases, documentation or other authority, such as doctrine, scripture, observance, training, letter from your religious leader, etc., will be needed. Please indicate below whether you can obtain such documentation or authority if required or include such documentation or authority with this request.
- You may attach additional information as needed
- Please sign and date the form after reading the acknowledgement.



## STUDENT ACKNOWLEDGEMENT

By completing this form, I am declaring that my sincerely held religious beliefs prevents me from accepting the COVID-19 vaccination. I certify that the information that I have provided is accurate. Lastly, I acknowledge that I understand that the requested accommodation may not be granted.

Clearly printed/typed and completed all information.		
PARENT/GUARDIAN SIGNATURE (IF STUDENT UNDER 18)	DATE	
STUDENT SIGNATURE	DATE	

Please email this form to the Health Center. Late submissions and/or incomplete submissions may affect approval process.