**Covid-19 Vaccination Religious Exemption Request Form**

Pierce College will provide reasonable accommodation to qualified students with religious beliefs, unless providing such accommodation poses an undue hardship for the college.

Below are initial intake questions for you to respond to in requesting a sincerely held religious belief exemption:

**Questionnaire**:

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| --- | --- |
| Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| I assert that I have a sincerely held religious belief or religious conviction that prevents me from receiving the COVID-19 vaccine. | **YES  NO** |
| I affirm/agree that I have never received a vaccine from a health care provider as an adult. | **YES  NO** |

In some circumstances, Pierce College will need to obtain additional follow up information about your sincerely held religious belief(s). Pierce College will reach out to you if additional information is needed to process this request.

By submitting this exemption, I understand that I may be subject to restrictions and/or accommodations to participate in campus activities. If this is the case, the college will contact me.

I certify that I have read and understood the information provided in this request, and that it is true to the best of my knowledge, information, and belief. I further understand that falsification of data may result in a violation of the Student Code of Conduct.

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Student Signature

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Date