



COVID-19 Exemptions

Religious Waiver

Shawnee Community College is committed to building a safe, friendly, welcoming, and inclusive campus environment.

If your religious beliefs or practices conflict with the Shawnee Community College COVID-19 vaccination requirement, please provide the following information.

Please print the following information:

Name: _____ **Date of Birth:** _____

Email: _____ **Phone No.:** _____

Please explain in your own words why you are seeking a religious exemption, the religious principles that guide your objection to immunization, and please indicate whether you are opposed to all immunizations, and if not, the religious basis on which you object to COVID-19 immunizations. General philosophical or moral reluctance to allow immunizations will not provide a sufficient basis for an exception to policy requirement. (You may attach additional written pages or other supporting materials if you so choose.)



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FOR THE REQUESTER (Student/Faculty/Staff)

I affirm that the above information I have provided is complete and accurate. I understand that, if granted an exemption, I must comply with all mitigation measures required of me by the College. Such measures include but are not limited to: participating in periodic COVID-testing at a frequency determined by the College, wearing face covering in settings determined by the College (i.e. classrooms, labs, etc.) and maintaining certain physical distancing as determined by the College. I understand that I may be required to curtail certain activities if the College determines that participation of unvaccinated individuals presents an unreasonable risk to the campus community. I agree that should I contract a vaccine preventable disease, I will hold the College harmless and will comply with any and all limitations placed upon me by Shawnee Community College or public health officials. I understand that my request for an exemption may not be granted or may be rescinded if it creates an undue hardship for the College. I understand that any intentional misrepresentation contained in this request may result in disciplinary action up to and including dismissal.

Signature: _____ Date: _____

Print Name: _____ SCCID: _____

Signature of Parent or Guardian (if <18 years old): _____

Print Name: _____ Date: _____

Confidentiality of Information Provided

Requests for exemptions and any documents provided will be kept confidential and shared only with those College employees who have a need to know.

SUMMARY of NEXT STEPS

1. This request will be reviewed and acknowledged by SCC. Additional information may be requested.
2. After review, you will be notified of the decision regarding your requested medical exemption.
3. If you are granted a religious exemption, you will be required to undergo COVID-19 testing in addition to observing all COVID-19 health and safety protocols and will be informed of any additional accommodations.