Request for Religious Exemption

Date: _______/_______/_____

Name: ____________________________________________________________________________

X Number: _________________________________________________________________________

St. John’s Email Address __________________________________________________________________________

Phone Number: __________________________________________________________________________

Name, Telephone Number, and Position of Religious Leader completing Religious Immunization Exemption Form:
____________________________________________________________________________________

I ___________________________ (Student Name or Parent/Guardian if student is a minor) give representatives from St. John’s University permission to speak with the religious leader named above regarding my application for a religious exemption.

COVID-19 vaccination is required for all St. John’s University students returning to campus for the Fall 2021 semester. A student may be exempt from vaccination if that student holds genuine and sincere religious beliefs which prohibit immunization.

As a result of not being vaccinated, you are accepting the potential consequences associated with this decision. This includes but is not limited to the responsibility to isolate or quarantine off-campus if required by St. John’s University and to undergo regular screening for COVID-19 at your expense if instructed to do so.

To apply for this exemption, please submit the following three documents:

1) **Completed Request for Religious Immunization Exemption Form (This document).**

2) **COVID-19 Vaccine Religious Exemption-Student Personal Statement.** Provide a written and signed statement detailing the religious basis of your objection, explaining why you are requesting this religious exemption, the religious principles that guide your objections to immunization, whether you are opposed to all immunizations, and if not, the religious basis that prohibits vaccinations. St. John’s University does not accept letters or signatures from parents or legal guardians unless you are or will be under 18 years of age at the time of enrollment.

3) **COVID-19 Vaccine Religious Exemption-Religious Organization form.** Obtain and submit a document from your religious organization supporting the basis of your faith/beliefs which are contrary to the practice of immunization or use of vaccines. The document should include a signature from your religious leader, the name, address, and phone number/email of the religious organization.

After your request has been reviewed and processed, you will be notified via secure email message sent to your St. John’s University email. At any time, the University reserves the right to request additional documentation. If approved, the exemption will remain in effect for the duration of the current academic year. Requests must be renewed annually.
Please complete the following page of this form, attach all supplemental materials, and upload all documents to the St. John’s University Health Patient Portal (signon.stjohns.edu). Requests for exemption will not be accepted via email, U.S. mail, or in person.

Initial next to each of the statements below:

| I request exemption from the COVID-19 vaccination requirement due to my genuine and sincere religious beliefs. I understand the risks of non-immunization. I accept full responsibility for my health, thus removing liability from St. John’s University to the required immunizations. |
| I understand that in the event of an outbreak or threatened outbreak, I may be temporarily excluded from classes, residence halls, and any sponsored activities on campus. I agree to comply with these restrictions and accept responsibility for communicating with my faculty and advisors. I further understand that restrictions from campus, including but not limited to classes and living spaces, do not entitle me to any reduction in tuition, housing charges, or other University fees. |
| Should I contract a communicable or contagious disease, I will immediately report it to St. John’s University Student Health Services and comply with the isolation and quarantine procedures specified by the University and remove myself from the University community if so advised. |
| I understand and agree to comply with and abide by all St. John’s University policies and procedures. |
| I understand that this exception is only valid for the current academic year, and I will need to resubmit the request for any subsequent academic year(s). |
| I certify that the information I have provided on and in connection with this request is accurate and complete. |

Please Print Your Name: ________________________________
Signature: ________________________________
Date: ________________________________