



Request for Religious Exemption for Students: COVID-19 Vaccine

This form is to request exemption to the COVID-19 vaccine based on sincerely-held religious belief or practice for SMCCCD students (Cañada College, College of San Mateo, Skyline College).

Name:

G#:

College:

Address:

Student SMCCCD Email:

Phone:

Alternate Email:

SECTION 1: Request for Exemption

I have read and understand the District's policy requirement for all students to receive COVID-19 vaccinations in order to access in-person instruction and in-person services. I have a sincerely-held religious belief and/or practice. My request for this exemption is based on this sincerely-held religious belief and/or practice. I understand that this exemption request may not be granted. The District will attempt to provide reasonable accommodation that does not create undue hardship to the District. I understand that the District may request additional supporting documentation regarding my sincerely-held religious belief and/or practice to further evaluate my request for a religious exemption.

In the space below, please include additional context or detail about your sincerely-held religious belief or practice. Please provide enough information about your sincerely held beliefs to allow for a comprehensive understanding of this request. This information will be used to evaluate your request for an exemption from vaccination (additional pages may be attached as needed).

SECTION 2: Acknowledgement

Please initial next to each of the statements below:

	I request exemption from the COVID-19 vaccination requirements due to my sincerely held religious belief/practice. I understand and assume the risks of non-vaccination. I accept full responsibility for my health, thus removing liability from SMCCCD to the required vaccination.
	I am not vaccinated. I understand that in order to protect my own health and the health of the community, I will comply with assigned COVID-19 testing requirements and other preventative requirements for unvaccinated individuals including, but not limited to, wearing face coverings.
	I understand that in the event of an outbreak (or potential outbreak), I may be temporarily excluded from SMCCCD facilities and approved on-site activities. I agree to comply with these restrictions and accept responsibility for communicating with college staff as appropriate to maintain compliance with health and safety requirements for unvaccinated individuals.
	I will <u>immediately</u> report to the COVID-19 Health Officer (CHO) if I contract COVID-19. I will also comply with all isolation and quarantine procedures specified by the District and San Mateo County. I will also remove myself from district property if so advised.
	I acknowledge that I have read the CDC COVID-19 Vaccine Information .
	I understand and agree to comply with all District COVID-19 policies and procedures.
	I understand that this exemption is only valid while the District COVID-19 vaccination policy is in effect. I may need to submit a new request for any subsequent changes, or on expiration of any approved exemption. I further understand that the approval is based on the current vaccination policy and is subject to change based on District requirements.
	I certify that the information I have provided in connection with this request is accurate and complete as of the date of this submission. I understand this exemption may be revoked and I may be subject to disciplinary action if any of the information that I provided in this exemption form is determined to be false.

Name: _____
(please print your full name)

Signature: _____ Date: _____

Please upload all completed exemption request forms and all required documentation to the District's COVID-19 Vaccination Exemption Request Form link located at the Websmart Student Portal:

<https://phx-ban-ssb8.smccd.edu/>