RELIGIOUS EXEMPTION

The University of the South (Sewanee) encourages vaccination of students against COVID-19. Vaccination helps protect the health and welfare of students, faculty, staff, and the surrounding community by limiting the spread of COVID-19 and the rise of variants.

Sewanee understands that not every student is in a position to be vaccinated against COVID-19. Therefore, COVID-19 surveillance testing of students remains a part of Sewanee’s comprehensive approach to reduce transmission of the virus on campus. Students that are not fully vaccinated against COVID-19 are required to participate in weekly surveillance testing. The cost of surveillance testing is $975 per semester. Sewanee has established a process to have payment of the cost of testing waived for those who establish a sincerely held religious belief as reason not to be vaccinated.

To request a non-medical exemption to the cost of surveillance testing based on your sincerely held religious belief, please complete all items on this form and submit the signed form and accompanying documentation to: University Health Services via email to: sewaneepublichealth@protonmail.com.

RELIGIOUS EXEMPTION:

I am the student or parent/guardian of the individual named below (if the individual is under 18 years of age), and I am seeking an exemption due to a sincerely held religious belief (as specified below) that prevents me (or my child) from receiving COVID-19 vaccination at this time. Please check all applicable bases:

☐ I am opposed to receipt of vaccination and immunization against COVID-19 based on a conflict with my sincerely held religious beliefs.

☐ I am opposed to receipt of vaccination and immunization against any disease based on a conflict with my sincerely held religious beliefs.

I also understand that Sewanee may require individuals who are not fully vaccinated against COVID-19 to follow additional mitigation protocols, such as quarantining before arriving on campus, or after travel; social distancing; and wearing face coverings.

I understand that under this exemption I may be instructed to remain away from campus, or quarantine, in the event of outbreak of disease, testing positive for COVID-19, or being identified as a close contact of someone who has tested positive for COVID-19.

I understand that submission of this document does not constitute a request for accommodation related to my participation in academic or other programs as a student at the University of the South and that I will need to contact Student Accessibility Services to engage in the interactive accommodation process.

I have had the opportunity to review the information provided by the Centers for Disease Control & Prevention about the COVID-19 vaccines and how they work, as well as the benefits of receiving the COVID-19 vaccine.

I understand that I may change my mind at any time and accept COVID-19 vaccination in the future.

I acknowledge that I have read this document in its entirety and the information I have provided on this form is complete and accurate.

Given the active pandemic, in the event of worsening conditions on campus, in the surrounding community, or in the state, students with an approved exemption for religious reasons may be instructed to remain away from campus, or quarantine, in the event of outbreak of disease, testing positive for COVID-19, or being identified as a close contact of
someone who has tested positive for COVID-19. If this were to occur, Sewanee will not refund tuition, fees, housing costs or other expenses for students who must leave campus.

I authorize University Health Service to disclose any exemption information to the Sewanee Public Health Office.

THIS FORM MUST BE SIGNED BEFORE A NOTARY.

Signature of student: ________________________________ Date: __________________

Signature of parent ________________________________ Date: __________________

or guardian if student is under 18 years of age

Sworn and subscribed before me on:

Date: __________ Notary Signature:______________________________

My commission expires: __________________________

Notary Seal: _______________________

Student Name: _______________________________________

Banner ID#: _______________________________________

Date of Birth: _______________________________________

Entrance Date: _______________________________________