Shenandoah University may grant a religious exemption from one or more of the vaccination or test requirements listed below to any Shenandoah student who makes an approved request, although students in any programs in the Nursing, Pharmacy or Health Professions schools, or in any other program that requires clinical or experiential training, including without limitation music therapy ("Clinical/Experiential Programs"), should be aware that if the University grants the student’s request, it cannot guarantee the student will be able to secure the clinical/experiential assignments necessary to graduate with a degree, or to obtain a licensed position, in their field. In addition, Shenandoah may, in its discretion, make the student responsible for securing clinical/experiential assignments at clinical/experiential sites acceptable to their program.

I also understand and acknowledge that if the University approves my request for a religious exemption from the vaccination requirement for the diseases or medical conditions listed below, I will not have the protections afforded by the vaccine(s). I knowingly and voluntarily agree to assume the risks associated with being a student at the University, and participating in University activities, without the vaccine(s).

In addition, I understand that in the event of an outbreak, potential epidemic or epidemic of a vaccine-preventable disease, the University or the State Health Commissioner or their designee may order my exclusion from the University (or restrict my University activities), for my own protection and/or the protection of others, until the danger has passed.

Notwithstanding the foregoing, I, _____________________, hereby request a religious exemption from the University”) requirement to be vaccinated against the disease or condition marked below, and to provide proof of such vaccination to the University, for the following:

___ COVID-19 (only required for students who are members of certain groups)
___ MMR
___ Polio
___ Adult TDAP
___ Varicella (only required for students in health care-related programs)
___ Meningitis
___ Hepatitis B
___ Flu
___ All of the above

On my honor as a Shenandoah University student, I hereby represent as follows:

1. I am a member of ______________________________________________________________,
   [Name or religious organization]
   and I have been a member of that religious faith or denomination for ___ years.
2. Members of my faith or denomination have a sincerely held religious belief which prohibits me from being immunized against the disease(s) marked above.

3. Our/my belief is based on the following:

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

4. The above can be confirmed by ____________________________________ who is __________________________________________ (Title) within the religious organization identified in Section 1 above.

Please provide the telephone number and email address of the person named in this Section 4:

Telephone Number: ________________________
Email Address: ___________________________

Please have your faith leader complete page 3 of this document before submitting for review

Signature of Student ___________________________ Date ___________________________

If the student is under the age of 18:

I ______________________ hereby represent that I am a parent or legal guardian of the student identified above, and I consent to their request for a religious exemption. In addition, I hereby acknowledge and confirm the representations made by the student herein.

Signature of Parent ___________________________ Date ___________________________

Printed Name of Parent or Legal Guardian ___________________________

COMMONWEALTH/STATE ___________________________
CITY/COUNTY of ___________________________

The forgoing instrument was subscribed and sworn or affirmed before me this _____ day of ________________________, 202__, by ____________________________________________.

Notary Signature ___________________________
Notary Registration Number: ___________________________ Notary Seal ___________________________
My commission expires: ___________________________
RELIGIOUS/FAITH LEADER AFFIRMATION

I, ___________________________, affirm that the above-named student’s representations are true and correct to the best of my knowledge.

I, ___________________________, affirm that our faith leadership is currently asking our followers not to get the COVID 19 vaccine based on the following doctrine (please provide citation) and/or for the following reason:

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Signature of Church/Faith Leader ___________________________
Printed Name of Church/Faith Leader ___________________________
Title of Church/Faith Leader ___________________________
Contact Information of Church/Faith Leader (Phone number and/or email address)
VACCINATION EXEMPTION COMMITTEE DECISION:

APPROVED: ___    DENIED ___

DATE: _________________    TIME: _________________