

STUDENT COVID-19 RELIGIOUS EXEMPTION FORM

Galen College of Nursing is committed to maintaining a diverse and inclusive student population. If your religious beliefs or practices conflict with the COVID-19 vaccination mandate by CMS or any of our community partners, please complete this form and submit to either Verified Credentials or Castle Branch. Please note that as our community partners' priority is patient safety, not all community partners may accept a religious exemption for clinical placement. Additional religious waiver may be required by the clinical site.

Name: _____ Date of Birth: _____

Email: _____

Phone Number: _____ Student ID: _____

A religious exemption to COVID-19 immunization may be granted based on an individual's sincerely held religious belief, practice or observance that prohibits COVID-19 vaccination. A "religious belief, practice, or observance" includes moral or ethical beliefs as to what is right and wrong which are sincerely held with the strength of traditional religious views. Social, political, or economic philosophies, as well as personal preferences, do not constitute sincerely held religious beliefs.

Identify in the box below, your sincerely held religious belief. Please also indicate whether you are opposed to all immunizations and if not, the religious ground on which you object to the COVID-19 vaccination. You may attach any documents that support your statement:

Explain how this religious belief prevents you from receiving the COVID-19 vaccination.

By signing this document, I attest that my statement above is true and accurate and that I hold a sincere religious belief that prohibits COVID-19 vaccination. I also understand that an approved Religious Exemption by the College does not guarantee clinical placement and may result in the inability to be placed in current or future clinical settings. Failure to be placed in a clinical may result in failure to meet course requirements, which could result in program dismissal.

Student Signature: _____ Date: _____

For RELIGIOUS/SPIRITUAL LEADER:

I am a religious/spiritual leader at _____ and hereby certify that they above information provided by _____ who is a member of my religious organization is accurate and that this is a request for a religious exemption from the COVID-19 Vaccination requirement.

Religious Leader Signature: _____ Date: _____

Printed Name: _____ Religious Organization: _____

Phone number: _____

(Seal) Signature of Notary Public

Notary Name: _____ Date: _____

