



Standard Health Care Services Inc. College of Nursing
7704 Leesburg Pike, Suite 1000, Falls Church VA 22043
Telephone: (703) 891-1787 Fax: (703)891-1789
www.standardcollege.edu

Student Request for Religious Exemption from COVID-19 Vaccine Form

Name: _____

Date: _____

Standard College's policy requires that all students receive a COVID-19 vaccination. A religious exemption may be granted if (1) the individual holds sincere religious beliefs that preclude the Covid-19 vaccine, (2) completes this form, and (3) provides the required documentation to support the exemption request. A religious exemption will not be granted on the basis of a moral, philosophical, or conscientious objection. Standard College is committed to providing a safe, inclusive, and supportive experience for all and recognizes true and genuine observation of faith as it pertains to the practice of immunization.

Religious exemptions must be requested annually. If approved, the religious exemption will remain in effect for one year.

Individuals with an approved exemption may be required to comply with COVID-19 testing and other preventive requirements as specified in the exemption approval and as may be updated by later notification and/or posting on the Standard College website.

Standard College will carefully review all requests, though approval is not guaranteed. After your request has been reviewed and processed, you will be notified in writing if an exemption has been granted or denied. The decision of Standard College is final and not subject to appeal. Individuals are permitted to reapply if new documentation and information should become available.

In order to submit a request, please:

- Read the [CDC COVID-10 Vaccine Information](#);
- Complete and sign the following page of this form;
- Complete the Personal Statement Form;
- Have your religious leader complete the Religious Organization Statement Form; and
- Submit the completed documents to hettus@standardcollege.edu

Incomplete submissions will not be reviewed. Be sure all forms and documentation are submitted at one time.

Standard College is committed to building an inclusive, equitable and diverse community. Standard College will not discriminate or retaliate against a student who requests a religious or medical exemption for the COVID-19 vaccine.



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Initial next to each statement below.

	I request exemption from the COVID-19 immunization requirement due to my sincere religious beliefs. I understand and assume the risks of non-vaccination. I accept full responsibility for my health, thus removing liability from Standard College with respect to the required vaccinations.
	I understand that as I am not vaccinated, in order to protect my own health and the health of the community, I will comply with assigned Standard College requirements and other preventive guidance.
	I understand that Standard College is not required to provide this exemption accommodation if doing so would create an undue hardship for Standard College.
	I understand that even if Standard college grants the religious exemption request, the school cannot guarantee the I will be able to secure the clinical practicum assignments necessary to complete the program.
	I acknowledge that clinical and practicum sites for projects and rotations have their own requirements for immunizations. I understand that clinical affiliates may refuse clinical rotation access to students who fail to obtain required immunizations.
	I understand that Standard College does not control these requirements and students who do not meet the vaccination requirements of clinical and practicum sites may not have their choice of clinical rotation sites.
	I understand that failure to complete clinical and practicum requirements will affect a student's ability to successfully complete the nursing program's course of study, resulting in an inability to meet the Nursing Program requirements.
	I acknowledge that I have read the CDC COVID-19 Vaccine Information .
	I understand and agree to comply with and abide by all Standard College COVID-19 policies and procedures .
	I understand that, if approved, this exemption n is only valid for the following 12 months, and I am required to resubmit a new request afterwards.
	I certify that the information I have provided in connection with this request is accurate and complete. I understand this exception may be revoked and I may be subject to the college's disciplinary action if any of the information I provided in support of this exemption is false.

Printed Name: _____

Signature: _____

Date: _____

