



AUCC-SHWC
Student Health and Wellness Center
455 Lee St SW, Suite 300 A, Atlanta, GA 30310
(404) 756-1241 shwcrequests@msm.edu
https://www.msm.edu/Current_Students/student-health/

Religious Exemption / Accommodation Request for Vaccination Requirements

**** NOTE ****

In order to ensure a prompt review of your request, this form must be completed, accompanied by the appropriate documentation identified below, and submitted to the AUCC Student Health and Wellness Center **at the same time**. Failure to submit this form, together with the other required documentation, may result in a delayed evaluation of your request and impede the University's ability to timely provide the requested exemption and accommodation.

The AUCC Student Health and Wellness Center (AUCC- SHWC) is committed to providing equal healthcare and educational opportunities and an educational environment that is free of unlawful harassment, discrimination, and retaliation. As such, the AUCC-SHWC is committed to complying with all laws protecting students' religious beliefs and practices. When requested, your AUCC institution will provide an exemption/reasonable accommodation for students' sincerely held religious beliefs and practices which prohibit the student from receiving a vaccine, provided the requested accommodation is reasonable and does not create an undue hardship for your AUCC institution or pose a direct threat to the health and/or safety of others in the educational environment, residence halls (if applicable) and/or to the requesting student.

To request an Exemption/Accommodation related to the vaccination requirements, please complete this form and return it to AUCC-SHWC via [Point and Click](#) (PNC) Patient Portal under the Downloadable Forms Tab. This information will be used by AUCC-SHWC, Student Affairs or other appropriate personnel to engage in an iterative process to determine eligibility for and to identify possible accommodations. If a student refuses to provide such information, such a refusal may impact AUCC-SHWC's ability to adequately understand the individual's request or effectively engage in the interactive process to identify possible accommodations.

In some cases, the AUCC-SHWC may need to obtain additional information and/or documentation about your sincerely held religious practice(s) or belief(s). AUCC- SHWC may need to discuss the nature of your religious belief(s), practice(s), and accommodation with your religion's spiritual leader (if applicable) or religious scholars to address your request for an exemption.

NAME: _____ DATE OF BIRTH: _____

STUDENT ID#: _____ DATE OF REQUEST: _____

CIRCLE YOUR SCHOOL: Morehouse School of Medicine / Clark Atlanta University / Morehouse College

SCHOOL EMAIL ADDRESS: _____ PHONE #: _____



Student ID #: _____
Name: _____

Please provide all three items listed below:

- A written summary explaining or describing why the requester identified above is seeking a Religious Exemption/Accommodation (*Use additional paper, if needed*):

- A letter of attestation from the requester’s religious leader. (NOTE: The letter must be on the religious leader’s letterhead and include the religious leader’s complete mailing address, phone number, website address or email address, title and an affixed signature.)
- This form completed and notarized (NOTE: forms that are not notarized will be denied)

Please select, sign, and date for each vaccination that you are requesting a religious exemption. (*Students 18 years of age and older may sign for themselves. If the student is less than 18 years of age, a parent or legal guardian must sign below.*)

- COVID – 19 Vaccine Primary Series**
The AUCC SHWC requires COVID-19 vaccination of our students to minimize the transmission of COVID-19 and its complications, including death. By interacting with others in person, I could transmit COVID-19 to other students, co-workers, and outside of work to my family and/or friends, even if I have no symptoms. I have received education about the effectiveness of COVID-19 vaccines, as well as possible side effects. I understand that I cannot get COVID-19 from the COVID-19 vaccine. Even though I can receive the COVID-19 vaccine at no charge to myself, I want to request a religious exemption. Finally, I understand that if an outbreak of COVID-19 were to occur on the AUCC campus, I could be removed from all campus activities (including residence facilities and classes) until health officials determined that the outbreak was controlled.

I acknowledge my responsibility to request a religious exemption to this vaccine requirement only if necessary and based on my sincerely held religious belief, practice, or observance.

Student/Parent/Guardian Signature: _____ Date: ____ / ____ / ____

- Measles/Mumps/Rubella (MMR) Vaccine**
I understand that Measles, Mumps and Rubella are serious, vaccine-preventable diseases. The CDC, the American College Health Association and AUCC-SHWC strongly recommend that all college students be vaccinated against Measles, Mumps and Rubella. However, I want to request a religious exemption for MMR vaccination. I understand that by requesting an exemption for this vaccine, I may continue to be at risk of acquiring these diseases. I also acknowledge that I could spread any of these viruses to vulnerable students, others in the clinic waiting area, or to the university staff. **I understand that there are blood tests (antibody titers) that I could take that would establish whether I am immune for compliance requirements.** Finally, I understand that if an outbreak of Measles, Mumps or Rubella occurs on the AUCC campus, and I haven’t established my immunity by documented vaccinations or by antibody titers, I will be removed from all campus activities (including residence facilities and classes) until health officials have determined that the outbreak is controlled. If, in the future, I want to be vaccinated with MMR vaccine, I understand that I can receive the vaccination series at AUCC-SHWC on a fee-for-service basis.



Student ID #: _____
Name: _____

I acknowledge my responsibility to request a religious exemption to this vaccine requirement only if necessary and based on my sincerely held religious belief, practice, or observance.

Student/Parent/Guardian Signature: _____ Date: ____ / ____ / ____

Hepatitis B Vaccine

I understand that Hepatitis B virus (HBV) is a serious, vaccine-preventable infection that can be acquired by sexual contact, exposure to blood or other potentially infectious materials or perinatally (via the placenta). The CDC, the American College Health Association and AUCC-SHWC strongly recommend that all college students be vaccinated against HBV. I acknowledge that HBV can cause liver cancer and liver cirrhosis. However, I want to request a religious exemption for Hepatitis B vaccination. I understand that by requesting an exemption for this vaccine, I may continue to be at risk of acquiring Hepatitis B and if I do acquire HBV, I could transmit it to others. **I understand that there is a blood test (antibody titer) that I could take that would establish whether I am immune.** If, in the future, I want to be vaccinated with Hepatitis B vaccine, I understand that I can receive the vaccination series at AUCC-SHWC on a fee-for-service basis.

I acknowledge my responsibility to request a religious exemption to this vaccine requirement only if necessary and based on my sincerely held religious belief, practice, or observance.

Student/Parent/Guardian Signature: _____ Date: ____ / ____ / ____

Tetanus/Diphtheria/Pertussis

I understand that Tetanus, Diphtheria, and Pertussis are serious, vaccine-preventable diseases. The CDC and AUCC-SHWC strongly recommend that all college students receive one adult dose of Tetanus/Diphtheria/Pertussis vaccine (Tdap). However, I want to request a religious exemption for Tdap immunization. I understand that by requesting an exemption for this immunization, I may continue to be at risk of acquiring these diseases. I also acknowledge that I could spread Pertussis to vulnerable students, others in the clinic waiting area, or to the university staff. Finally, I understand that if an outbreak of Pertussis were to occur on the AUCC campus, I would be removed from all campus activities (including residence facilities and classes) until health officials determined that the outbreak was controlled. If, in the future, I want to be immunized with Tdap, I understand that I can receive it at AUCC-SHWC on a fee-for-service basis.

I acknowledge my responsibility to request a religious exemption to this vaccine requirement only if necessary and based on my sincerely held religious belief, practice, or observance.

Student/Parent/Guardian Signature: _____ Date: ____ / ____ / ____

Varicella (Chicken Pox) Vaccine

I understand that Varicella (Chicken Pox) is a potentially serious, vaccine-preventable disease. The CDC, the American College Health Association and AUCC-SHWC strongly recommend that all college students without a history of previous Varicella be vaccinated against the disease. However, I want to request a religious exemption for Varicella vaccination. I understand that by requesting an exemption for this vaccine, I may continue to be at risk of acquiring Varicella. I also acknowledge that I could spread Varicella to vulnerable students, others in the clinic waiting area, or to the university staff. **I understand that there is a blood test (antibody titer) that I could take that would establish whether I am immune.** Finally, I understand that if an outbreak of Varicella were to occur on the AUCC campus, I would be removed from all campus activities (including residence facilities and classes) until health officials determined that the outbreak was controlled. If, in the future, I want to be vaccinated with Varicella vaccine, I understand that I can receive the vaccination series at AUCC-SHWC on a fee-for-service basis.

I acknowledge my responsibility to request a religious exemption to this vaccine requirement only if necessary and based on my sincerely held religious belief, practice, or observance.



Student ID #: _____
Name: _____

Student/Parent/Guardian Signature: _____ Date: ____ / ____ / ____

Meningococcal Conjugate/ Men ACWY Vaccine and/or Meningococcal B

I understand that meningococcal disease is a contagious but largely vaccine preventable infection of the spinal cord fluid and fluid around the brain. I understand that all college students living in residence halls, particularly freshmen, are at a moderately increased risk of contracting meningococcal disease. I understand that meningococcal disease is a serious disease that can lead to death within only a few hours of onset, that 1 in 10 cases is fatal and that 1 in 7 survivors of the disease is left with a severe disability such as loss of limb, mental retardation, paralysis, deafness or seizures. The CDC, the American College Health Association and AUCC-SHWC strongly recommend that students receive one dose after age 16 of Men ACWY and 2 doses of Meningococcal B vaccine after age 16. While the AUCC-SHWC requires Meningococcal ACWY and Meningococcal B vaccines, I understand that two types of meningococcal vaccinations exist (Meningococcal ACWY and Meningococcal B) which will decrease but not totally eliminate the risk of contracting meningococcal disease. However, I want to request a religious exemption for Men ACWY and Meningococcal B immunization. I understand that by requesting an exemption for these immunizations, I may continue to be at risk of acquiring this disease. I also acknowledge that I could spread Meningitis to vulnerable students, others in the clinic waiting area, or to university staff. I understand that if an outbreak of Meningitis were to occur on the AUCC-SHWC campus, I would be removed from all campus activities (including residence facilities and classes) until health officials determined that the outbreak was controlled. If, in the future, I want to be immunized with Men ACWY or Meningococcal B vaccines, I understand that I can receive it at AUCC-SHWC on a fee-for-service basis.

I acknowledge my responsibility to request a religious exemption to this vaccine requirement only if necessary and based on my sincerely held religious belief, practice, or observance.

Student/Parent/Guardian Signature: _____ Date: ____ / ____ / ____

Influenza (Flu) Vaccine

I understand that the influenza vaccine is used as prevention to reduce flu related illnesses and the risk of serious flu complications that can result in hospitalization or even death. I understand that influenza (flu) is a contagious respiratory illness caused by influenza virus that spreads around the United States every year, usually between October and May. CDC recommends everyone 6 months and older get vaccinated every flu season. By interacting with others in person, I could transmit the flu to other students, co-workers, and outside of work to my family and/or friends, even if I have no symptoms. I have received education about the effectiveness of the flu vaccines, as well as possible side effects. I understand that I cannot get the flu from the flu vaccine. Even though I can receive the flu vaccine at no charge to myself, I want to request a religious exemption. Finally, I understand that if an outbreak of flu were to occur on the AUCC campus, I could be removed from all campus activities (including residence facilities and classes) until health officials determined that the outbreak was controlled.

I acknowledge my responsibility to request a religious exemption to this vaccine requirement only if necessary and based on my sincerely held religious belief, practice, or observance.

Student/Parent/Guardian Signature: _____ Date: ____ / ____ / ____

Verification and Accuracy

I verify that the information I am submitting in support of my request for an accommodation is complete and accurate to the best of my knowledge, and I understand that any intentional misrepresentation contained in this request may result in disciplinary action. I also understand that my request for an accommodation may not be granted if it is not reasonable, if it poses a direct threat to the health and/or safety of others in the school environment, housing facilities and/or to me, or if it creates an undue hardship on your AUCC institution.



AUCC Student Health and
Wellness Center

Student ID #: _____

Name: _____

Signature (Student, if 18 years of age or older):

Required if Student is Under the Age of 18: Parent/Legal Guardian's Name (Print): _____

Parent/Legal Guardian Signature: _____

Sworn and subscribed before me:

This ____ day of _____, 20 ____.

Notary Public Signature

My commission expires: _____

Notary Public Seal: REQUIRED

Name of Religious Leader/ Authority (print): _____

Title: _____

Name of Religious Organization: _____

Phone Number: _____

Email Address: _____

Signature of Religious Leader/Authority: _____

Date: _____