



Religious Beliefs Exemption Request (to be completed by student or guardian if the student is under 18)

Davidson College is committed to providing a safe, inclusive and supportive experience for all students.

G.S.130A-157 Religious exemption: If the bona fide religious beliefs of a student (or the parent, guardian if under 18) are contrary to the immunization requirements or recommendations, the student will be exempt of the requirements upon submission of the following form:

I, _____ am requesting a religious exemption from vaccination against the disease(s) or condition(s) marked below. I understand that this exemption is allowed solely for sincerely held religious beliefs and not for political, social, or other personal views. I verify that the information I am submitting to substantiate my request is true.

hereby request a religious exemption to be vaccinated against the disease or condition marked below:

- | | |
|--|--|
| <input type="checkbox"/> COVID-19 | <input type="checkbox"/> Polio |
| <input type="checkbox"/> MMR (Measles, Mumps, Rubella) | <input type="checkbox"/> Varicella (chicken pox) |
| <input type="checkbox"/> Adult Tdap (tetanus, diphtheria, pertussis) | <input type="checkbox"/> Influenza |
| <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> All vaccines |

Please provide a personal written statement describing your sincerely held religious beliefs that guide your objection to the vaccination(s) listed above.

By signing and submitting this form, I am acknowledge that I will not have the protection afforded by the vaccines and knowingly agree to assume the risks associated with being a student at Davidson College and participating in college activities, without the vaccine(s).

In addition, I understand that in the event of an outbreak of a vaccine preventable disease, the College, the County or State Health Department or their designee may restrict my College activities for my own protection and/or the protection of others, until the danger has passed.

I understand that my exemption status (though not the details of the exemption) may be shared with other college officials as needed in order to coordinate services.

Signature: _____ Date: _____
Student or guardian if under 18

Students with an approved COVID-19 exemption may be required to comply with routine COVID-19 testing and other preventative measures such as distancing, masks, isolation and quarantine and other health and safety protocols by virtue of your unvaccinated status that may not apply to vaccinated students and that this treatment is based solely on your unvaccinated status. Any such action is to protect your health and the health of the College community.