

## Religious Exemption from Vaccinations Request - Student

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Meredith College requires that all students receive certain immunizations; beginning with the start of the spring semester 2022, this requirement includes the COVID-19 vaccination. According to the North Carolina General Statute Chapter 130A, Article 6, Part B, a religious exemption may be granted if the individual holds genuine and sincere religious beliefs which are contrary to the practice of immunizations and submits a written statement to that effect to the College. Meredith College is committed to providing a safe, inclusive, and supportive experience for all and recognizes true and genuine observance of faith as it pertains to the practice of immunization.

I, \_\_\_\_\_, hereby request a religious exemption from the vaccination and immunizations required by the College.

I understand and acknowledge that if the College approves my request for a religious exemption from the vaccination requirement, 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 College and participating in College activities without the vaccine(s). I have reviewed this decision with my primary care provider (if applicable) and I understand the associated risks. \_\_\_\_\_ Initials

In addition, I understand that in the event of an outbreak of a vaccine-preventable disease, the College, the 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. \_\_\_\_\_ Initials

I understand that if I am approved for an exemption, I may still be required to comply with surveillance testing and other preventive requirements such as social distancing, masks, and other public health mitigation measures. \_\_\_\_\_ Initials

I understand that a committee composed of representatives from College Programs and Business and Finance offices will carefully review all requests. Approval is not guaranteed. I understand that I must allow at least 20 business days for my request to be processed, forwarded for committee review and a final decision to be rendered. After the committee has reviewed my request, I understand I will be notified, in writing via email, of the committee's decision. I understand that the decisions of the committee are final and are not subject to appeal. \_\_\_\_\_ Initials

On my honor as a Meredith College student, I hereby represent as follows:

1. I am a member of \_\_\_\_\_, and I have been a member of the aforementioned religious faith or denomination for \_\_\_\_\_.
2. Members of my faith or denomination have a sincerely held religious belief that prohibits me from being immunized.
3. Provide a personal written statement detailing why you are requesting a religious exemption including the religious principle(s) and basis that prohibit you from being immunized.

4. The above can be confirmed by \_\_\_\_\_, who is \_\_\_\_\_ within the religious organization identified in Section 1 above and she/he/they can be reached at

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

5. I certify that everything above is true and request an exemption from the immunization requirement on the grounds that such immunization(s) conflict(s) with my religious beliefs and practices.

\_\_\_\_\_  
Signature of Student (or Guardian if under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student First and Last Name (Printed)

Meredith Unique ID Number (7-digit number): 0-\_\_\_\_\_

Meredith Email Address: \_\_\_\_\_@email.meredith.edu

**You may be contacted for clarification or for more information. You will be notified of the decision on your requested exemption within 21 business days.**

**Additional documentation beyond what is required on the form will not be considered as part of the review.**