



## COVID-19 VACCINE EXEMPTION REQUEST FORM 2021-22

Fisk University is requiring that I receive the COVID-19 vaccination to protect myself and the Fisk community before I am permitted to remain or return to the Fisk campus, unless I receive a medical or religious exemption as set forth below.

I acknowledge that I am aware of the following:

- COVID-19 is a serious disease that has caused over 1.5 million hospitalizations and over 500,000 deaths in the United States since the pandemic started.
- COVID-19 vaccination is recommended for all people 16 years of age and older. The FDA authorized vaccines are safe and effective in preventing COVID-19.
- If I contract COVID-19, I may spread it to other members of the Fisk community even if I have very mild or no symptoms.
- I understand that I may change my mind at any time and accept the COVID-19 vaccination if the vaccine is available.

PLEASE INDICATE THE REASON(S) FOR YOUR REQUEST

\_\_\_\_\_ I have had a previous severe allergic reaction to a component of the vaccine. Please describe and attach any supporting documentation from your healthcare provider.

\_\_\_\_\_ I am requesting a religious exemption. In the space below, you are required to identify the specific nature of your sincerely held religious belief and the nature of the accommodation you are seeking. Add additional pages if necessary.

You may be required to provide additional documentation or information to support your request. I have read and understand all the information on this form. I believe I meet the qualifications for an exemption. I understand the university will review this information and will determine if the evidence supports my claimed exemption. Intentionally providing false or misleading information may result in disciplinary action, including termination. I will continue to comply with all other Fisk University health and safety requirements. I understand if my exemption is approved, I may be subject to additional requirements such as wearing personal protective equipment, regular COVID-19 testing, or other measures to ensure campus safety. I have been provided a copy of the COVID-19 Vaccine Information Statement or can access it at the CDC website <https://www.cdc.gov/vaccines/covid-19/eua/index.html>

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Fisk ID# \_\_\_\_\_ Employee/Student \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_