



Crete Student COVID-19 Vaccination Exemption Request

Vaccinations are an essential part of the health and safety of our Doane community. The risk of contagious diseases includes others on campus, not only the unvaccinated individual.

To request an **EXEMPTION** from the COVID-19 vaccination, submit this appropriate exemption form below along with any relevant documentation to the Student Health Portal. Requests will be reviewed by Student Health Services.

To upload documents to the [Student Health Portal](#).

1. Login with your Doane username and password
2. Use the document upload tab and select immunization
3. Attach the completed form and click submit



Request for Religious Exemption from Required COVID-19 Vaccinations Part I

Please complete parts I and II for the religious exemption form:

TO BE COMPLETED BY THE STUDENT

Student Name (PRINTED) DOB Student ID#

Please answer the following questions thoroughly.

1. Please describe the religious/spiritual principle(s) that guides your request for exemption. ***Note that many religious faiths do not have theological objections to vaccination, and several encourage members to receive the COVID-19 vaccine.*

2. Please indicate whether this religious or spiritual belief constitutes a request to be exempt from all vaccines or only this vaccine. If it is not a request to be exempted from all vaccines, please describe the religious or spiritual basis for not receiving this particular immunization.



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Approval of a Religious Exemption Request will be determined on a case-by-base basis. Only those who qualify after a review of requests will be granted an exemption.

I verify that the information above is true and accurate to the best of my knowledge.

Student Signature

Date Signed



Request for Religious Exemption from Required COVID-19 Vaccinations Part II

Vaccination Exemption Acknowledgement of Responsibility Agreement

If I choose not to be vaccinated, I accept the following consequences associated with this decision. **I acknowledge this by initialing the following statements (X and check marks are not accepted.)**

____ I agree to engage in reasonable risk mitigation strategies as recommended by the university, which may include wearing a mask, avoiding close contact, and any screening/testing procedures required for those who are not vaccinated.

____ I agree to promptly notify Doane University Student Health Services if I have symptoms of COVID-19, test positive for COVID-19, or have a suspected exposure to COVID-19.

____ I agree to isolate or quarantine on- or off-campus if required by Student Health Services or the local health department.

____ I understand that in the occurrence of an outbreak, I may be asked to leave campus for my own safety until the threat is mitigated.

____ I agree to assume the risk of potential exposure to, and illness from, COVID-19 and to hold Doane University and its employees harmless from the consequence or effects of such exposure and illness.