

## 530-J.2 Sincerely Held Religious Belief Exemption Request - Influenza Vaccination



Pages 1-2 REQUIRED, Page 3 is optional

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**Students are encouraged to consult with their medical provider in making decisions regarding vaccinations.**

Mercy College of Ohio policy requires that all students in a clinical program must be immunized against Influenza (Flu) when the vaccine is available. Flu immunization is an essential patient and public health safety initiative measure. Requests for an exemption may be initiated if the student (i) holds sincerely held religious beliefs which are contrary to the practice of vaccination, (ii) completes the **530-J.2 Sincerely Held Religious Belief Exemption Request** form (signatures within the last six months), and (iii) provides the required documentation to support the exemption request. Page 3, if submitted, must be signed, and certified by a religious leader. Completed form with associated documentation should be submitted a minimum of two weeks prior to the vaccination deadline to [exemptions@mercycollege.edu](mailto:exemptions@mercycollege.edu).

Exemption request will be reviewed by the Office of Compliance and Risk Management and student will be notified via email within five (5) business days whether the exemption request has been denied, granted temporary approval, or if additional supporting documentation is required. Temporary approval is based on Bon Secours Mercy Health (BSMH) guidelines but is subject to each clinical agency's policies and/or guidelines established in the Clinical Agency Agreement. Student will be notified by the program administrator/clinical coordinator if the exemption has been granted or denied by the clinical agency to which student is assigned. **A reasonable attempt will be made to locate a clinical site that will accept the exemption request, but approval is granted by the clinical agency, not Mercy College; approval is not guaranteed; clinical placement is not guaranteed if student is unvaccinated. This decision is final and not subject to appeal.** Students are permitted to reapply if new documentation and information should become available.

**Sincerely Held Religious Belief exemptions must be requested annually and are subject to approval by each clinical agency.** Students with approved exemptions may request to recertify exemptions each year.

Student Name: \_\_\_\_\_

Email: \_\_\_\_\_

Program: \_\_\_\_\_

Phone: \_\_\_\_\_

Office: Academic Affairs

Date: 8/26/22

Submit Completed Exemption Request and Documentation to [exemptions@mercycollege.edu](mailto:exemptions@mercycollege.edu)

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**Sincerely Held Religious Belief Exemption Certification:** Student's religious exemption must demonstrate that their sincerely held religious beliefs prohibit them from receiving the influenza vaccine.

**Name of Religion:** \_\_\_\_\_

In the space below, please provide a personal written and signed statement detailing the sincerely held religious belief for your vaccination objection, explaining why you are requesting this exemption, the sincere personal religious principle(s) that guide your objections to vaccination, and the personal sincere religious basis that prohibits the Influenza vaccination. Please attach additional documentation, if necessary.

**Student Explanation (please attach additional documentation if necessary):**

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☐ I attest the above statement is truthful to the best of my knowledge. If this request is denied, I understand I am required to receive the influenza vaccination.

### **STUDENT ACKNOWLEDGMENT (to be completed by student)**

I am requesting an exemption from the Influenza vaccination due to my sincerely held religious beliefs. I understand and assume the risks of non-vaccination. I accept full responsibility for my health, thus removing liability for the required vaccinations from Mercy College or the clinical agency to which I am assigned. I understand and agree that if my Sincerely Held Religious Belief exemption is approved, I must wear a surgical mask during direct patient care for the duration of the influenza season as determined by the local health department and the policies of the clinical agency and/or Mercy College. Students with an approved exemption may be required to comply with preventive requirements as specified in clinical agency policies, information listed within this exemption approval, as well as any updated recommended guidelines based on CDC recommendations. In the event of an outbreak, individuals with exemptions may be excluded from clinical experiences and activities until the outbreak is declared to be over.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**Office: Academic Affairs**

**Date: 8/26/22**

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If you would like to submit a statement from your religious organization, have your religious leader complete the Religious Organization Statement section below. Include documentation showing your religion's teachings prohibiting the influenza vaccine or a written explanation addressing how your sincerely held religious beliefs prohibit you from receiving the influenza vaccine. You may attach copies from texts or websites. You may also attach additional sheets containing your explanation as needed.

#### Religious Organization Statement Form

Name of Student Requesting Exemption: \_\_\_\_\_

Name of Observant: \_\_\_\_\_

Name of Religious Organization: \_\_\_\_\_

Religious Organization Address: \_\_\_\_\_

Religious Leader Name and Title: \_\_\_\_\_

Religious Leader Email: \_\_\_\_\_

#### For Religious Leader:

In the space below, please provide a written and signed statement supporting the basis of the observant's faith/beliefs which are contrary to the practice of vaccination or use of the influenza vaccination. Please attach additional documentation, if necessary.

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I certify that my statement above is true and accurate and that the above-named observant is a member of my religious organization in good standing and holds a sincerely held religious belief that is against the receipt of the influenza vaccination.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Office: Academic Affairs**

**Date: 8/26/22**

**Submit Completed Exemption Request and Documentation to [exemptions@mercycollege.edu](mailto:exemptions@mercycollege.edu)**