



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:

- | | |
|---|-------------------------------|
| _____ COVID-19 | _____ Polio |
| _____ MMR (Measles, Mumps, Rubella) | _____ Varicella (chicken pox) |
| _____ Adult Tdap (tetanus, diphtheria, pertussis) | _____ Influenza |
| _____ Hepatitis B | _____ 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