

# Religious Exemption Request - Student

## Prisma Health Vaccination Program - Influenza

Prisma Health is committed to providing a safe and healthy environment for all of our team members, students, patients and visitors. Our vaccination program is provided to enhance our current infection control plans in order to prevent or minimize the spread of vaccine-preventable diseases within the organization.

Students may request an exemption from the mandatory vaccine as an accommodation to an individual's sincerely held religious belief or practice. All requests for exemption will remain confidential.

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

\_\_\_\_\_  
Employee ID (if applicable)

\_\_\_\_\_  
Academic Program

\_\_\_\_\_  
Home or Cell Phone

\_\_\_\_\_  
University

\_\_\_\_\_  
Email address

Please provide a statement below regarding why the **Influenza vaccine** is contrary to your religious beliefs and the religious text that supports your beliefs. Requests must be based on sincere, established religious beliefs as opposed to philosophical, political, scientific or sociological objections. Please attach supporting documentation.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Please return form to [student.affairs@prismahealth.org](mailto:student.affairs@prismahealth.org).***

PLEASE NOTE: the following restrictions will apply to students who are exempt from receiving a vaccination:

- **Influenza:** All students will wear required mask or approved face shield while at work, with the exception of breaks and meals, during influenza season.

*To be completed by Review Team*

Request received on: \_\_\_\_\_ Reviewed by: \_\_\_\_\_ Previous Exemption: **Y** **N**

☐ Exemption **Approved**

☐ Exemption **Denied**

Student Notified on: \_\_\_\_\_

\_\_\_\_\_  
Reviewer Signature

\_\_\_\_\_  
Date