

COVID-19 VACCINATION RELIGIOUS EXEMPTION REQUEST FORM

The College of Southern Maryland is committed to building an inclusive, equitable and diverse campus community. If your religious beliefs or practices conflict with the college’s COVID-19 vaccination requirement, please complete this form and upload it to the secured Vaccination portal found on <https://www.castlebranch.com> using the instructions provided in the Castle Branch email.

If an initial request for the exemption is denied, individuals may resubmit the request no more than 2 additional times for a total of 3 submissions. When resubmitting the request, please specify additional clarifying information or documentation.

Requests for exemptions and any documents provided will be kept confidential.

Employee or Student Name		CSM ID Number	
CSM Email Address		Phone Number	
Date of Birth		Select One:	<input type="checkbox"/> Student <input type="checkbox"/> Faculty <input type="checkbox"/> Staff

FACULTY AND STAFF ONLY:

Department		Title	
Immediate Supervisor		Supervisor’s Phone Number	

I have sincerely held religious beliefs or practices that prohibit me from receiving the COVID-19 vaccine. (Social, political, or personal preferences are not “sincerely held religious beliefs.”). I am requesting a religious exemption from the COVID-19 Vaccination Requirement and in support of that request, I provide the following information **in my own words**:

1. Please describe the nature of your objection to the COVID-19 vaccination requirement.

2. Would complying with the COVID-19 vaccination requirement substantially burden your religious exercise? If so, please explain how.

3. How long have you held the religious belief underlying your objection?

4. Please describe whether, as an adult, you have received any vaccines against any other diseases (such as a flu vaccine or a tetanus vaccine) and, if so, what vaccine you most recently received and when, to the best of your recollection.

5. If you do not have a religious objection to the use of all vaccines, please explain why your objection is limited to particular vaccines.

6. If there are any other medicines or products that you do not use because of the religious belief underlying your objection, please identify them.

7. Please provide any additional information that you think may be helpful in reviewing your request.

Required COVID-19 Vaccination Program

Verification and Accuracy:

I verify that the information I have provided on the COVID-19 Vaccination Religious Exemption Request Form is complete and accurate to the best of my knowledge. I understand that any intentional misrepresentation contained in this request may result in disciplinary action which may include termination/dismissal (faculty/staff) and suspension/expulsion (students). My request for an exemption from the COVID-19 vaccination requirement is based upon my religious beliefs. I understand that my request for an exemption may not be granted if it is unreasonable or creates an undue hardship for the College.

Printed Name: _____ Date: _____

Signature: _____

Signature of Parent or Guardian (if under 18 years old) _____

Printed Name: _____ Date: _____

While not required in the initial request for a religious exemption, the following certification may be required if there is an objective basis for questioning the religious nature of the request. You may also secure the certification voluntarily as part of your submission regardless of whether it is subsequently requested.

FOR RELIGIOUS/SPIRITUAL LEADER

I am a religious/spiritual leader at _____ and hereby certify that the above information provided by _____ who is a member of my religious organization is accurate and that this is a request for a religious exemption from the COVID-19 vaccine requirement at College of Southern Maryland.

Religious Leader Signature: _____ Date: _____

Print Name: _____ Religious Organization: _____

Disclaimer acknowledging the health risks of being unvaccinated:

<p>I request exemption from the COVID-19 vaccination requirements 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 from the College of Southern Maryland (CSM) to the required vaccination.</p>
<p>I understand that as I am not vaccinated, in order to protect my own health and the health of the community, I will comply with assigned COVID-19 testing requirements and other preventive guidance.</p> <p>Any students, faculty, or staff granted a vaccination exemption are required to:</p> <ul style="list-style-type: none"> • Always wear a mask indoors and while outdoors in crowded spaces • Comply with regular, weekly COVID-19 testing
<p>I understand that in the event of an outbreak or threatened outbreak, I may be temporarily excluded or reassigned from CSM facilities and approved activities. I agree to comply with these restrictions and accept responsibility for communicating with faculty and advisors as appropriate to allow compliance with health and safety requirements for unvaccinated individuals. I further understand that restrictions from CSM facilities, including but not limited to classes, does not entitle me to any reduction in tuition or other CSM fees.</p>
<p>Should I contract COVID-19, I will immediately report it to Castle Branch (email - jack.craig@castlebranch.com) and comply with all isolation and quarantine procedures specified by the college and remove myself from the CSM community if so advised.</p>
<p>I acknowledge that I have read the CDC COVID-19 Vaccine Information.</p>
<p>I understand and agree to comply with and abide by all CSM COVID-19 policies and procedures.</p>
<p>I understand that, if approved, this exception is only valid for the current academic year, and I am required to resubmit a new request for any subsequent academic year(s).</p>
<p>I certify that the information I have provided in connection with this request is accurate and complete. I understand this exception may be revoked and I may be subject to the college's disciplinary action if any of the information I provided in support of this exemption is false.</p>

Signature: _____

Date: _____