



AUCC-SHWC
Student Health and Wellness Center
455 Lee St SW, Suite 300 A, Atlanta, GA 30310
(404) 756-1241 shwcrequests@msm.edu
https://www.msm.edu/Current_Students/student-health/

Religious Exemption / Accommodation Request for Vaccination Requirements

The AUCC Student Health and Wellness Center (AUCC- SHWC) is committed to providing equal healthcare and educational opportunities and an educational environment that is free of unlawful harassment, discrimination, and retaliation. As such, the AUCC-SHWC is committed to complying with all laws protecting students' religious beliefs and practices. When requested, your AUCC institution will provide an exemption/reasonable accommodation for students' sincerely held religious beliefs and practices which prohibit the student from receiving a vaccine, provided the requested accommodation is reasonable and does not create an undue hardship for your AUCC institution or pose a direct threat to the health and/or safety of others in the educational environment, residence halls (if applicable) and/or to the requesting student.

To request an Exemption/Accommodation related to the vaccination requirements, please complete this form and return it to AUCC-SHWC via [Point and Click](#) (PNC) Patient Portal under the Downloadable Forms Tab. This information will be used by AUCC-SHWC, Student Affairs or other appropriate personnel to engage in an iterative process to determine eligibility for and to identify possible accommodations. If a student refuses to provide such information, such a refusal may impact AUCC-SHWC's ability to adequately understand the individual's request or effectively engage in the interactive process to identify possible accommodations.

In some cases, the AUCC-SHWC may need to obtain additional information and/or documentation about your sincerely held religious practice(s) or belief(s). AUCC- SHWC may need to discuss the nature of your religious belief(s), practice(s), and accommodation with your religion's spiritual leader (if applicable) or religious scholars to address your request for an exemption.

NAME: _____ **DATE OF BIRTH:** _____

STUDENT ID#: _____ **DATE OF REQUEST:** _____

CIRCLE YOUR SCHOOL: Morehouse School of Medicine / Clark Atlanta University / Morehouse College

SCHOOL EMAIL ADDRESS: _____ **PHONE #:** _____



Student ID #: _____
Name: _____

Please provide all three items listed below:

Please select, sign, and date for each vaccination that you are requesting a religious exemption. (Students 18 years of age and older may sign for themselves. If the student is less than 18 years of age, a parent or legal guardian must sign below.)

COVID – 19 Vaccine Primary Series

The AUCC SHWC requires COVID-19 vaccination of our students to minimize the transmission of COVID-19 and its complications, including death. By interacting with others in person, I could transmit COVID-19 to other students, co-workers, and outside of work to my family and/or friends, even if I have no symptoms. I have received education about the effectiveness of COVID-19 vaccines, as well as possible side effects. I understand that I cannot get COVID-19 from the COVID-19 vaccine. Even though I can receive the COVID-19 vaccine at no charge to myself, I want to request a religious exemption. Finally, I understand that if an outbreak of COVID-19 were to occur on the AUCC campus, I could be removed from all campus activities (including residence facilities and classes) until health officials determined that the outbreak was controlled.

I acknowledge my responsibility to request a religious exemption to this vaccine requirement only if necessary and based on my sincerely held religious belief, practice, or observance.

Student/Parent/Guardian Signature: _____ Date: ____ / ____ / ____

Measles/Mumps/Rubella (MMR) Vaccine

I understand that Measles, Mumps and Rubella are serious, vaccine-preventable diseases. The CDC, the American College Health Association and AUCC-SHWC strongly recommend that all college students be vaccinated against Measles, Mumps and Rubella. However, I want to request a religious exemption for MMR vaccination. I understand that by requesting an exemption for this vaccine, I may continue to be at risk of acquiring these diseases. I also acknowledge that I could spread any of these viruses to vulnerable students, others in the clinic waiting area, or to the university staff. **I understand that there are blood tests (antibody titers) that I could take that would establish whether I am immune for compliance requirements.** Finally, I understand that if an outbreak of Measles, Mumps or Rubella occurs on the AUCC campus, and I haven't established my immunity by documented vaccinations or by antibody titers, I will be removed from all campus activities (including residence facilities and classes) until health officials have determined that the outbreak is controlled. If, in the future, I want to be vaccinated with MMR vaccine, I understand that I can receive the vaccination series at AUCC-SHWC on a fee-



Student ID #: _____
Name: _____

I acknowledge my responsibility to request a religious exemption to this vaccine requirement only if necessary and based on my sincerely held religious belief, practice, or observance.

Student/Parent/Guardian Signature: _____ Date: ____/____/____

Hepatitis B Vaccine

I understand that Hepatitis B virus (HBV) is a serious, vaccine-preventable infection that can be acquired by sexual contact, exposure to blood or other potentially infectious materials or perinatally (via the placenta). The CDC, the American College Health Association and AUCC-SHWC strongly recommend that all college students be vaccinated against HBV. I acknowledge that HBV can cause liver cancer and liver cirrhosis. However, I want to request a religious exemption for Hepatitis B vaccination. I understand that by requesting an exemption for this vaccine, I may continue to be at risk of acquiring Hepatitis B and if I do acquire HBV, I could transmit it to others. **I understand that there is a blood test (antibody titer) that I could take that would establish whether I am immune.** If, in the future, I want to be vaccinated with Hepatitis B vaccine, I understand that I can receive the vaccination series at AUCC-SHWC on a fee-for-service basis.

I acknowledge my responsibility to request a religious exemption to this vaccine requirement only if necessary and based on my sincerely held religious belief, practice, or observance.

Student/Parent/Guardian Signature: _____ Date: ____/____/____

Tetanus/Diphtheria/Pertussis

I understand that Tetanus, Diphtheria, and Pertussis are serious, vaccine-preventable diseases. The CDC and AUCC-SHWC strongly recommend that all college students receive one adult dose of Tetanus/Diphtheria/Pertussis vaccine (Tdap). However, I want to request a religious exemption for Tdap immunization. I understand that by requesting an exemption for this immunization, I may continue to be at risk of acquiring these diseases. I also acknowledge that I could spread Pertussis to vulnerable students, others in the clinic waiting area, or to the universd25.7 (itin)-72T8 (ous), othe4.2 (:)-6.9 (r)1622 (c)-2.8 (c)-2.8 (

Student ID #: _____
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