



Whitworth University Health Center

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Whitworth University COVID-19 (SARS-CoV-2) Vaccination
Religious Exemption Request Form – Student

Table with 4 columns: Student Name (Print), Whitworth I.D. #, Date of Birth (mm/dd/yyyy), Student Home/Cell Phone.

Religious Exemption Option: This form is for students who are requesting a religious exemption from Whitworth University’s (“Whitworth”) COVID-19 vaccination requirement. Your information will be reviewed; you may be contacted for further information regarding your request. Campus ministries is also available to walk with you through this discernment process. This form should be filled out and signed by the student, or the parent or guardian if the student is under 18. Religious exemptions will remain in place for one academic year and must be renewed annually. Please select one of the two following options:

Option 1: Explain in your own words why you are requesting a religious exemption for the COVID-19 (SARS-CoV-2) vaccine based on your sincerely held religious beliefs, which prohibit immunizations.

Please provide a description of the religious principles that guide your objection to immunization(s).

Five horizontal lines for writing a description of religious principles.

1 Whitworth will require students who learn, work or live on any Whitworth campus location to be fully vaccinated for COVID-19 prior to the start of the fall 2021 academic term. Individuals will be able to request an exemption. “Fully vaccinated” means receiving two doses of the Pfizer or Moderna COVID-19 vaccine or one dose of the Janssen/Johnson & Johnson COVID-19 vaccine. Full effectiveness is on the 15th day after the last dose. Whitworth will accept all vaccines approved by the World Health Organization.

- Indicate whether you are opposed to all immunizations, and if not, your religious objections to the specific COVID-19 vaccine(s).

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**Option 2:**     **Include either a letter or material(s) supporting your rationale. Select the box next to the option you are choosing, which may include:**

- A letter from an authorized representative of the religious institution that you attend or
- Authorized literature from your religious institution that explains doctrine/beliefs that prohibit immunization.

**Student or Parent/Guardian (only if student is under age 18) Declaration**

**Student must read the following and initial and sign:**

- 1) I understand that COVID-19 is a serious viral illness and the Centers for Disease Control and Prevention (CDC), American College Health Association (ACHA), Washington State Department of Health (WA DOH), and Spokane Regional Health District (SRHD) strongly recommend that all persons over 16 be vaccinated. **Initial** \_\_\_\_
- 2) I understand that the COVID-19 vaccine allows an individual’s body’s immune system to develop an antibody response that may protect the individual from getting sick, or developing a severe illness if the individual contracts COVID-19. Clinical trials have shown the COVID-19 vaccines are safe and effective, and an important step in stopping the COVID-19 pandemic. **Initial** \_\_\_\_
- 3) I understand that not receiving one of the COVID-19 vaccines may increase risk of infection for myself and others. I understand that Whitworth reserves the right to isolate or quarantine individuals or exclude individuals from campus if they have symptoms of, exposures to, or test positive for COVID-19, or are at increased risk for COVID-19 during an outbreak. **Initial** \_\_\_\_
- 4) I understand that polymerase chain reaction (PCR), antibody or antigen tests are not sufficient evidence of immunity to COVID-19. **Initial** \_\_\_\_

- 5) I understand by declining this vaccination, I will be required to follow WA DOH and SRHD guidelines regarding face coverings, physical distancing, testing, quarantine and isolation. **Initial** \_\_\_\_
- 6) I understand that students who are fully vaccinated and have completed the attestation requirement will not be required to undergo asymptomatic testing provided by Whitworth. **Initial** \_\_\_\_
- 7) I understand by declining this vaccination, I will be required to participate in COVID-19 testing on a regular basis and that there may be disciplinary consequences for not participating in testing. **Initial** \_\_\_\_
- 8) I understand if an outbreak of COVID-19 occurs on the Whitworth campus, and I have not established my immunity by documented vaccinations, I may be required to leave campus and cease participation in all university activities (including living in residence halls, eating in dining facilities, attending classes, participating in extracurricular activities, participating in University District-located classes, etc.) at my own expense until health officials have determined that the outbreak is controlled. **Initial** \_\_\_\_
- 9) I understand by declining this vaccination, I will not be able to participate in any study abroad programs outside of the United States. **Initial** \_\_\_\_
- 10) I understand if I test positive for COVID-19 while studying abroad/studying away, any expenses resulting from isolation/quarantine/travel, including transportation and medical care, will be my own responsibility. **Initial** \_\_\_\_
- 11) I understand that Whitworth is not obligated to provide remote instruction to me if I am placed in isolation or quarantine. **Initial** \_\_\_\_
- 12) Furthermore, I understand that Whitworth is not responsible for any of my academic, personal or financial losses in the context of a COVID-19 outbreak on campus. I am solely responsible for any negative impacts on my academic progress, including potential academic failure or withdrawal. In addition, I am aware that if I withdraw or am asked to leave campus for COVID-19-related issues, I am not entitled to a refund of any tuition, fees, or room and meal payments. **Initial** \_\_\_\_
- 13) If, in the future, I want to be vaccinated for COVID-19, I understand that I can receive the vaccination(s) at that time through a clinic, pharmacy or provider of my choice at my own expense. **Initial** \_\_\_\_
- 14) I understand that Whitworth reserves the right to request additional documentation. If approved, the exemption will remain in effect for the duration of the current academic year. Requests must be renewed annually. **Initial** \_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Parent Signature (only if under 18):** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_