



VACCINATION EXEMPTION REQUEST RELIGIOUS EXEMPTION FORM (Student)

Exemption Request Date: _____ (Date sent to student for completion)
Student Name: _____ Student ID# _____

Tacoma Community College nursing program will allow a religious exemption for the COVID-19 vaccine, for students who answer yes to the following question:

- You assert that you have a sincerely held religious belief or religious conviction that prevents you from receiving the COVID-19 vaccine.

Please complete your response as per the program deadlines. If you have any questions or need more information, please do not hesitate to contact Theresa James at 253.566.5085 or TJames@tacomacc.edu

Please respond below to attest a sincerely held religious belief exemption pursuant to Proclamation(s) 21.14, 21.14.1, and 20-12.5 exemption.

Student Instructions

Please complete the following:

- Student name and ID Number: _____

Please answer yes or no to the statement below:

- You, _____ [Print student name], assert that you have a sincerely held religious belief or religious conviction that prevents you from receiving the COVID-19 vaccine. YES NO

In some circumstances, Tacoma Community College may need to obtain additional follow up information about your strongly held religious belief(s). Nursing program staff will reach out to you if additional information is needed to process this request.

In signing, I certify that I have read and understood the information provided in this request, and that it is true to the best of my knowledge, information and belief.

Student Signature: _____ Date: _____
Program Approval Signature: _____ Date: _____