University of San Diego®

STUDENT RELIGIOUS EXEMPTION REQUEST FORM
COVID-19 BOOSTER

Printed Full Name: _____

Student ID Number: _____

Date of Birth: _____

By signing below, I hereby certify that all of the information on this form is an accurate and truthful representation.

Signature: _____

Religious Identity:

Length of time you have held that religious identity:

Religious rationale for requesting an exemption from the COVID-19 booster (please be sure to include relevant references to scripture or other holy texts, specific teachings, etc.):

Return this completed form to the Student Health Center by emailing it to covidsupport@sandiego.edu. You will be contacted after it is reviewed.

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I have been informed that I am in need of the following vaccine for a University requirement:

❏ COVID-19 Booster

I have read the vaccine information sheet (VIS or EUA) and understand the vaccine's benefits and the risks of not being immunized.

I understand that I will be required to comply with the University's testing requirements for COVID-19 (likely to be once a week). If I test positive for COVID-19, I will be required to isolate based on public health guidelines which can be up to 10 days. If I am exposed to someone with COVID-19, I will be required to quarantine based on public health guidelines which can be for up to 10 days. Those infected with COVID-19 should submit documentation of the illness for review and will be excused from these testing/quarantine requirements for a period of time designated by public health agencies (currently 90 days). If there is an outbreak of COVID on campus, I may be asked to leave temporarily for my safety or the safety of others. I am responsible for any financial or academic burdens I may encounter due to required testing, isolation and quarantine, or requirement to temporarily leave campus. I understand that I can change my mind and get vaccinated in the future.

_____

Student's Signature

_____

Parent's Signature (if student is under 18)

_____

Date