Required Immunization Religious Exemption Request and Waiver of Responsibility

In addition to state required vaccinations, the University of Massachusetts Amherst is requiring vaccination against COVID-19 in order to participate in any campus activities. This is due to the ongoing SARS-CoV-2 pandemic, and the demonstrated potential for spread of this virus in a campus setting.

*Philosophical exemptions are not recognized nor allowed under Massachusetts General Law.*

Religious exemption requests are reviewed by University Health Services and subject to the following conditions:

- Religious Exemption is allowed if a student submits a written, signed, and dated statement that COVID-19 vaccination conflicts with their sincerely held religious beliefs.

- If a student is under age 18, their parent/guardian must ALSO submit a written, signed, and dated that COVID-19 vaccination conflicts with their sincerely held religious beliefs.

- *In the event of an identified elevated public health risk, emergency, or outbreak, exempt individuals may be isolated and/or excluded from campus, including but not limited to all classes, activities, travel, and on-campus housing.*

- Twice weekly required testing will be substituted for vaccination in students receiving religious exemption.
Religious Exemption Request for COVID-19 Immunization

I am requesting exemption from this university-required vaccine for religious reasons.

In doing so, my initials below attest that I understand:

_____ Initials  Vaccines protect my personal health and the public health of a community.

_____ Initials  Religious Exemption is allowed if a parent/guardian (or student aged 18 or older) submits a written, signed, and dated statement that (an) immunization(s) conflict(s) with sincerely held religious beliefs.

_____ Initials  I will be required to have asymptomatic testing twice weekly throughout the semester in order to protect the public health of the university. I will comply with instructions to isolate, quarantine, and/or seek care for symptoms as instructed by university public health officials, and comply in good faith with contact tracing. In the event of escalating public health risk or surge in COVID-19 cases, I may be isolated and/or excluded from campus, including but not limited to all classes, activities, travel, and on-campus housing.

☐ Any student seeking religious exemption from required vaccines must submit a written statement requesting exemption and signed waiver form to University Health Services New Student Immunization Program (NSIP) office at the start of each academic year.

I, _______________________________ date of birth ____________, have reviewed the aforementioned vaccine exemption information.

I agree to hold University Health Services harmless in the event of any illness or injury resulting from my declination of required immunizations.

I agree to comply with mandatory asymptomatic testing twice weekly, and will cooperate fully with contact tracing, isolation and/or quarantine based on my test results or the test results of my contacts. My compliance with testing will be used to allow access to various UMass activities and services through the "MY UMASS" phone app. If compliant, my access will be identical to that of individuals who are vaccinated.

Unforeseen elevated COVID-19 risks on campus could result in exclusion of unvaccinated individuals from campus and/or college activities including but not limited to classes, activities, travel, and on-campus housing for the protection of my personal health and the health of the community, as determined by UMass and/or the Massachusetts Department of Public Health. Unvaccinated UMass students, regardless of waiver, must also comply with additional CDC and DPH requirements in force at the time, such as masking.

I, _______________________________ date of birth ____________, request exemption from immunization requirements for religious reasons. Please refer to my attached written statement regarding this request.

Student Signature: ___________________________ Date: ______________

Required for students under the age of 18:

Parent/Guardian Signature: ___________________________

Parent/Guardian Printed Name: ___________________________ Date: ______________