Iona College
Religious Exemption from COVID-19 Vaccine

Name: ___________________________________________ ID: ____________________

Iona College Email: _____________________________ Phone: ____________________

Iona College’s policy recommends that all students receive a COVID-19 vaccination.

A religious exemption may be granted if (i) the individual holds sincere religious beliefs which are contrary to the practice of vaccination, (ii) completes this form, and (iii) provides the required documentation to support the exemption request. Iona College is committed to providing a safe, inclusive, and supportive experience for all and recognizes true and genuine observance of faith as it pertains to the practice of immunization. Religious exemptions must be requested annually. If approved, the exemption will remain in effect for the duration of the current academic year. Individuals with approved exemptions may request to recertify exemptions each year. The assigned expiration is at the sole determination of Iona College.

Students who are not vaccinated will incur a fee of $500 per semester. This fee is applied to cover costs incurred by the College to conduct COVID-19 surveillance testing throughout the semester. If the student is granted a religious exemption, the student will not be required to pay $500 for the semester BUT is required to participate in the mandatory surveillance testing.

Individuals with an approved exemption are required to comply with COVID-19 testing and other preventive requirements as specified in the exemption approval and as may be updated by later notification and/or posting of requirements on the Iona College website. In the event of an outbreak on or near campus, individuals holding exemptions may be excluded from all campus facilities and activities, for their protection, until the outbreak is declared to be over.

The Office of Student Health & Wellness will carefully review all requests, though approval is not guaranteed. After your request has been reviewed and processed, you will be notified, via email, if the exemption has been granted or denied. The decisions of the committee are final and not subject to appeal. Individuals are permitted to reapply if new documentation and information should become available.

In order to submit a request, please:
● Complete and sign the following page of this form
● Complete the Personal Statement Form
● Have your religious leader complete the Religious Organization Statement Form
● Submit the completed documents to the Iona College Health Portal - Religious Exemption.
### Iona College

**Religious Exemption from COVID-19 Vaccine**

<table>
<thead>
<tr>
<th>I request exemption from the COVID-19 vaccination requirements due to my sincere religious beliefs. I understand and assume the risks of non-vaccination. I accept full responsibility for my health, thus removing liability from Iona College to the vaccination.</th>
</tr>
</thead>
<tbody>
<tr>
<td>I understand that as I am not vaccinated, in order to protect my own health and the health of the community, I will comply with additional COVID-19 testing requirements and other preventive guidance.</td>
</tr>
<tr>
<td>I understand that in the event of an outbreak or threatened outbreak, I may be temporarily be excluded from Iona College facilities and approved activities (including but not limited to housing). I agree to comply with these restrictions and accept responsibility for communicating with faculty and advisors as appropriate to allow compliance with health and safety requirements for unvaccinated individuals. I further understand that restrictions from Iona College facilities, including but not limited to classes and living spaces, does not entitle me to any reduction in tuition, housing charges, or other college fees.</td>
</tr>
<tr>
<td>Should I contract COVID-19, I will immediately contact Health Services at 914 - 633 -2548 and comply with all isolation and quarantine procedures specified by Iona College, regardless of the presence of any symptoms. I will remove myself from the Iona College campus and / or find temporary accommodation at my own expense if so advised.</td>
</tr>
<tr>
<td>I acknowledge that I have read the CDC COVID-19 Vaccine Information.</td>
</tr>
<tr>
<td>I understand and agree to comply with and abide by all Iona College COVID-19 policies and procedures.</td>
</tr>
<tr>
<td>I understand that this exemption is only valid for one academic year (August 01 – July 31). I am aware that I am required to submit a new request for any subsequent changes, new medical contraindications, or on expiration of an approved exemption.</td>
</tr>
<tr>
<td>I authorize my licensed health care provider to provide Iona College with medical information about my medical exemption for the COVID-19 vaccination.</td>
</tr>
<tr>
<td>I certify that the information I have provided on and in connection with this request is accurate and complete as of the date of this submission. I understand this exemption may be revoked and I may be subject to Iona College disciplinary action if any false information has been used to request an exemption</td>
</tr>
</tbody>
</table>

Name:  _________________________________________________________

Signature:  _____________________________________________________

Date:  ____________________________  ID #____________________

Iona College Email: _______________  Phone Number: ____________

Academic Year requesting Religious Exemption: ____________________
Iona College
Request for Religious Exemption from COVID-19 Vaccine
Personal Statement

Name: ____________________________________________________________________________
ID __________ Email: _____________________________ Phone: __________________

Please provide a personal written and signed statement detailing the religious basis for your vaccination objection, explaining why you are requesting this religious exemption, the religious principle(s) that guide your objections to vaccination, and the religious basis that prohibits the COVID-19 vaccination. Please attach additional documentation, if necessary.

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I certify that my statement above is true and accurate and that I hold a sincere religious belief that is against the receipt of the COVID-19 vaccination.

Printed Name: __________________________________________________________________

Signature: ___________________________ Date: ______________________________
Iona College
Request for Religious Exemption from COVID-19 Vaccine
Religious Organization Statement

Name of Observant: ____________________________________________

Name of Religious Organization: ____________________________________________

Religious Organization Address and Email: __________________________________

Name of Religious Leader and Title: ____________________________________________

For Religious Leader:
In the space below, please provide a written and signed statement supporting the basis of the observant’ faith/beliefs which are contrary to the practice of vaccination or use of the COVID-19 vaccination. Please attach additional documentation, if necessary

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I, certify that my statement above is true and accurate and that the above-named observant is a member of my religious organization in good standing and holds a sincere religious belief that is against the receipt of the COVID-19 vaccination.

Name: ____________________________________________

Signature: ____________________________________________ Date: _________________

Please upload this completed form to Iona College Health Portal – Religious Exemption