



Landmark College COVID-19 Vaccine Religious Exemption Form

To reduce the transmission of COVID-19 and the possibility of acute illness if an individual is infected, Landmark College will require that all employees and students who will be on campus at any time during the fall 2022 semester are up to date with a COVID-19 vaccine (all doses of a primary series plus one booster) by the arrival on campus. Information on the COVID-19 vaccines available for use is available from the [Centers for Disease Control](#).

To claim a **religious exemption**, a student must attest to holding religious beliefs opposed to immunizations and acknowledge review of [evidence-based educational material](#) provided by the Vermont Department of Health.

Exemptions for religious reasons will be considered on a case-by-case basis by the Office of Student Affairs and the Office of Human Resources. Approval is not guaranteed. After a request has been reviewed and processed, you will be notified, in writing, if an exemption has been granted or denied.

Religious Exemption Certification

Attestation: 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.

By signing this form, I attest to holding religious beliefs opposed to immunizations as noted above. I acknowledge that I have reviewed [evidence-based educational material](#) provided by the Vermont Department of Health regarding COVID-19 immunizations including:

- information about the risks of adverse reactions to immunization;
- information that failure to complete the required vaccination increases risk to the person and others of contracting or carrying a vaccine-preventable infection; and
- information that there are persons with special health needs who are unable to be vaccinated, or who are at heightened risk of contracting a vaccine-preventable communicable disease, and for whom such a disease could be life-threatening.

Student Name (printed)

Date of birth

Signature of Student (or parent if under 18 years of age)

Date