

Allegany College of Maryland
ALLIED HEALTH PROGRAMS CLINICAL PLACEMENT
COVID-19 AND INFLUENZA VACCINATION RELIGIOUS EXCEPTION PETITION

DIRECTIONS:

1. Read the paragraphs below on the purpose of the vaccine.
2. Answer the questions below. Unanswered questions will cause a denial until answers are received. *Use a separate sheet if needed.*
3. Complete the Vaccination Information and Record Form.
4. Attach any supporting documentation.
5. Sign the High-Risk Activity Waiver
6. Submit Clinical Sites Form
7. Submit everything to ahvaccinewaiver@allegany.edu ASAP. Once all information is received the committee with review and vote for approval or denial of the petition.
8. Incomplete petitions will be denied unless/until all information is received.
9. Provide any supplemental information requested.
10. Following directions when a decision is made regarding your petition. You should receive an email sent to your school email account, the email will contain the exemption or denial of your petition within 2 weeks of your petition.

PURPOSE:

As an educational institution that values science, public health, and personal wellbeing of our students, Allegany College of Maryland fully supports vaccines as a key tool against the pandemic and encourages all persons who are eligible to be fully vaccinated for their own health/wellbeing and for the health/wellbeing of everyone around them – family, friends, classmates, roommates, and co-workers. Vaccinations are strongly recommended by our clinical facilities. Students in the College’s Allied Health programs participate in educational experiences at local/regional clinical sites; where vaccines are required at those sites, the Allied Health Directors are charged with overseeing compliance to assist our site partners. As a public institution, Allegany College of Maryland does not discriminate on the basis of religious beliefs. Therefore, students for whom the vaccination conflicts with *bona fide* religious beliefs and practices may request an exception to the Clinical Facilities vaccination requirement. There is no exception for any test requirement. The purpose of this petition is to request an exception and for the College to determine if you are eligible for an exception. (NOTE: *Objections to COVID-19 and or Influenza vaccinations that are based on non-religious reasons, including personal preferences or non-religious concerns about the vaccine, do not qualify for religious exemptions.*)

ACM may consider several factors in assessing whether a request is based on a sincerely held religious belief, including whether the student previously has acted in a manner inconsistent with the professed belief. However, no one factor is determinative. An individual’s belief- or degree of adherence- may change over time and, therefore, an individual’s newly adopted or inconsistently observed practices may nevertheless be based on a sincerely held religious belief. the test requirement. The purpose of this petition is to request an exception and for the College to determine if you are eligible for an exception. To be eligible, you must first establish that your refusal to be vaccinated is based upon a sincere belief that is religious in nature and that complying with the public health requirement would impose a substantial burden on the exercise of your religion; the process is an individualized assessment that considers all information you proved. All requests for a religious exemption will be evaluated on an individual basis by members of the Allied Health Directors Committee (Vaccine Waiver Committee).

This exemption process is designed to align with the industry standard in health care; ACM has modified the common approach of our regional health care partners for their employees in order to be consistent with how they manage their employees’ religious exemption requests. The AH exemption process differs from other exemption forms and processes at ACM; AH documents and any approval for an AH exemption may not be used for another ACM function.

Although the college can grant the waiver, some clinical facilities do not accept waivers, and you may have to forfeit your seat in your clinical program.

Your name: _____ Program of study: _____

The above individual is requesting a vaccination religious waiver for: <input type="checkbox"/> COVID <input type="checkbox"/> Influenza
1) Identify the religious belief, practice, or observance:
2) Explain why it precludes you from receiving the vaccination(s):
3) Provide any other information and/or documentation you feel is relevant to this request:

STUDENT CERTIFICATION:

I have read this Petition in its entirety. By signing below, I certify that all the contents and any attachments are true and complete. I understand that any inaccurate, misleading, or incomplete information will result in the petition being denied or other appropriate action (including disciplinary action by the College where appropriate). I understand that the College reserves the right to request additional documentation and/or to verify any claims made in this petition. I further understand that the decision is final.

Student Signature _____

Date ____/____/____

Parent signature if student is under 18 years of age: _____

Date ____/____/____

Please return to ahvaccinewaiver@allegany.edu