



Amherst College Keefe Health Center
95 College Street
Amherst, MA 01002
Phone: (413) 542-2267 / Fax: (413) 542-2647

Required Covid-19 Immunization Religious Exemption Request & Waiver of Responsibility

I am requesting exemption from the required Covid-19 vaccine for religious reasons (*Philosophical exemptions are not recognized nor allowed and are not accepted by Amherst College*).

In doing so, my signature below attests that I understand:

- Vaccines protect my personal health and the public health of a community.
- Religious exemption is allowed if a student 18 or older (and parent/guardian, if under 18) submits a written, signed, and dated statement that (an) immunization(s) conflict(s) with sincerely held religious beliefs, and the exemption would not create an undue burden for Amherst College.
- In the event of an identified public health risk, emergency, outbreak, or epidemic, exempt individuals may be isolated and/or excluded from campus in the interest of health and safety, including but not limited to all classes, activities, travel, and on-campus housing.*
- Any student seeking exemption from required vaccines must submit a written statement requesting exemption and signed waiver form to Keefe Health Center.

I _____ Date of Birth _____, have reviewed the aforementioned vaccine exemption Information and request exemption from immunization requirements for religious reasons. Please refer to my attached written statement regarding this request.

I voluntarily assume the risks of illness or injury resulting from my declination of the Covid-19 vaccine.

I understand that I, along with other non-vaccinated individuals, may be isolated/quarantined from campus, and/or excluded 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 Amherst College and/or the Department of Public Health.

Student Signature: _____ Date: _____

Parent/Guardian signature required for students under the age of 18 _____

Printed name of Parent/Guardian: _____ Date: _____