



LAKEVIEW
COLLEGE OF NURSING
ADAPTABILITY • CARING • EXCELLENCE • INTEGRITY • SERVICE

REQUEST FOR RELIGIOUS EXEMPTION

Accommodation to SARS –CoV-2 (COVID-19) Vaccination Requirement

Print Name:	Date:
Email:	Position:
<input type="checkbox"/> Employee <input type="checkbox"/> Student	<input type="checkbox"/> Danville <input type="checkbox"/> Charleston

Based on my sincerely held religious belief(s), practice(s), or observance(s), I am requesting an exception to the COVID-19 vaccination requirement as a religious accommodation.

Please identify your sincerely held religious belief(s), practice(s), or observance(s) that is the basis for your request for an Exception as a religious accommodation. Please provide any documentation you have substantiating this religious belief or practice.

Please briefly explain how your sincerely held religious belief(s), practice(s), or observance(s) conflicts with the COVID-19 vaccination requirement.

Please provide any additional information that you think may help process your religious accommodation request.



In some cases, Lakeview College of Nursing may need to obtain additional information and/or documentation about your religious practice(s) or belief(s). We may need to discuss the nature of your religious belief(s), practice(s), and accommodation with your religion's spiritual leader (if applicable) or religious scholars to address your request for an exception.

If requested, can you provide additional documentation to support your belief(s) and need for accommodation? _____ Yes _____ No

If no, please explain why:

By signing below, I certify and verify that the information I am submitting to substantiate my request for religious exemption/accommodation from Lakeview College of Nursing's COVID-19 vaccination policy is true and accurate to the best of my knowledge. I understand that any falsified, inaccurate, or misleading information can lead to disciplinary action, up to and including termination/academic dismissal. I also understand that my request for an accommodation may not be granted if it is not reasonable, if it poses a direct threat to the health and/or safety of others in the workplace and/or to me, or if it creates an undue hardship on Lakeview College of Nursing.

While my request is pending, I understand that I must comply with all the Non-Pharmaceutical Guidelines (e.g. face coverings, social distancing, testing as directed). If my request is granted, I understand that I will be required to comply with all guidelines set forth by the College and clinical agencies for unvaccinated individuals.

Signature:	Date:
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Date Received by the College: _____ By: _____

Approved Denied