



VACCINE RELIGIOUS BELIEF EXEMPTION REQUEST

Manhattan Area Technical College partners with multiple healthcare agencies to provide clinical experiences for our students. These clinical partners require students to receive specified vaccines before beginning clinical experiences. Students seeking an exemption due to sincerely held religious beliefs, practices, or observances, will complete and submit this form.

Student Name _____ **Program** _____

Email address _____

Please describe the nature of your sincerely held religious beliefs or religious practice or observance that conflicts with vaccination requirement and identify which vaccine(s) are included.

I understand that an exemption, if permitted, is not binding on clinical sites and does not guarantee permission to participate in their programs. I also understand that I may be asked to take additional measures such as frequent COVID-19 testing, masking, wearing protective personal equipment, or other measures as directed by the clinical site, and that such additional measures may be at my own cost.

I understand that if granted an exemption, it is a temporary exemption, and the exemption is only for those clinical sites directing Manhattan Area Technical College to review and decide student religious exemption requests.

I authorize Manhattan Area Technical College to disclose my exemption status to clinical sites as a part of my planned clinical activity.

I understand that I may be required to excuse myself from a clinical assignment if there are increased cases in the community or the clinical locations. In the event I am not able to complete clinical assignments as scheduled, my program of study may need to be modified and my expected graduation date may be delayed.

I understand that failure to comply with these requirements may result in disciplinary action, up to and including dismissal from the program.

I affirm that I have read the above information, verify the truth and accuracy of the statement in this form, and agree to abide by the requirements of this exemption.

Printed Student Name _____

Student signature _____ **Date** _____

Printed Clergy Name _____

Clergy Signature _____ **Date** _____

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