

**STUDENT APPLICATION FOR EXEMPTION FROM
COVID-19 VACCINATION REQUIREMENT**

I, _____ (“Student,” or Student’s parent or guardian if Student is under the age of 18), understand and assume the risk of not becoming vaccinated against COVID-19 and I have discussed this risk with a medical provider. Accordingly, I request exemption from Stevens Institute of Technology’s (“Stevens” or the “University”) COVID-19 vaccination requirement for the following reason:

_____ **I request an exemption for a medical reason or due to a disability.** I have attached supporting documentation signed and stamped by a medical provider (doctor or nurse practitioner), which includes a diagnosis.

_____ **I request an exemption due to a religious objection.** I have provided below (or attached) a signed statement explaining how the administration of the COVID-19 vaccine conflicts with my bona fide religious beliefs. I understand that a philosophical or moral objection to the COVID-19 vaccine does not constitute a religious objection.

I release Stevens from all responsibility for any resulting injury or illness arising from my exemption.

I understand that my vaccination status may be shared with pertinent University administrators when deemed necessary for health and safety purposes, to ensure compliance with University policies or to make arrangements relating to my course of study or other programs or accommodations.

I understand that students with exemptions from the vaccine requirement may be subject to reasonable measures and restrictions to promote the health and safety of the Stevens community. At this time, unvaccinated students with approved exemptions from Student Health Services will be permitted to participate in all activities on campus, in classes and in Stevens owned or leased properties. Depending upon the prevalence of the virus when the Fall semester starts, I understand that requirements such as regular COVID-19 testing or other measures recommended by the CDC or other health department guidance, may be imposed to mitigate the spread of the virus.

I understand that, in the event of an outbreak of COVID-19, my access to campus, Stevens' owned or leased housing, classes and/or co-curricular activities may be limited.

I agree that I will, at all times, comply with Stevens' Health Honor Code, as amended from time to time, and should I contract COVID-19, I will comply with applicable isolation and quarantine procedures.

I certify that the information I have provided on and in connection with this Application is accurate and complete, and that I will submit a prompt update if this information changes.

Please download, complete and sign this form, attach any relevant documentation and scan/email it to studenthealthcenter@stevens.edu.

Student Signature: _____

Date: _____

Student Printed Name: _____

Required if Student is under age eighteen:

Parent/Guardian Signature: _____

Date: _____

Printed Name: _____