

Vaccination - Religious Accommodation Request

Name:	CSI ID Number:	Date:
Program:	Semester:	Phone Number
The Centers for Disease Control and P Practices (ACIP) recommends that he preventable diseases. While CSI does order to promote health and safety, so recommendations and therefore requientering their facilities.	althcare workers are immul not require COVID-19 vac ome of our clinical affiliates	ne to specific vaccine cinations at this time, in s follow ACIP
Anyone requesting a reasonable according to this form. A reasonable according to the second s		
Social, political, or economic philosophreligious beliefs.	nies as well as personal pre	eferences do not constitute
Vaccine(s) Accommodation Request in	cludes:	
 Annual Influenza Td or Tdap Measles, Mumps, Rubella (MMR Varicella (Chicken Pox) Hepatitis B Meningococcal COVID-19)	
Please explain below why the above v beliefs. You may attach additional writ support of your request.	* *	· · · · · · · · · · · · · · · · · · ·

August 2, 2021

I am requesting an accommodation from the vaccination(s) noted above. I am aware that I may be required to provide additional documentation in support of this accommodation request. I understand that my application will be reviewed and must be approved before an accommodation may be granted. I further understand that if my request is approved, I will be required to wear personal protective equipment (i.e., a procedure mask) and/or I may be reassigned to an alternate location.
If your exemption request is not approved, you will be unable to attend clinical experiences in facilities with immunization requirements. Failure to complete clinical experiences may lead to failing grades and your inability to successfully graduate.
Alternative clinical educational experiences may be available for those lacking vaccinations or exemptions. However, these alternative clinical experiences are not guaranteed and vary based on a program-to-program basis.
Signature of Applicant:Date:
Upload Form to your Complio account or send to glaird@csi.edu for processing
For Health Sciences and Human Services use only:
Request: Approved Date
☐ Denied Date
Reason:

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