

SOUTHWESTERN LAW SCHOOL

L O S A N G E L E S

COVID-19 Vaccination Student Religious Exemption Request, 2022–2023

Southwestern Law School will consider exemptions from the COVID-19 vaccination requirement, including any booster shot, for students whose sincerely held religious beliefs, practices, or observances conflict with the vaccination requirement, unless providing such exemption fundamentally alters the education program, poses a direct threat to the health or safety of others or to the requesting student, or creates an undue hardship for Southwestern.

A request for an exemption based on a sincerely held religious belief, practice, or observance does not protect social, political, or economic views or personal preferences or philosophy.

If Southwestern approves the requested exemption, a student will be required to complete a COVID-19 PCR test two times per week, through Southwestern’s designated provider, at least through the Fall 2022 traditional semester (up to the Winter Break), and potentially longer. Southwestern also reserves the right to change the frequency of its COVID testing protocols, including the type of test, testing frequency, and testing provider.

After you and your licensed healthcare provider complete this form, scan and submit it to covidmanager@swlaw.edu. SCALE I students starting in 2022 must submit this completed form to covidmanager@swlaw.edu by **May 15, 2022**. Continuing students taking courses during the Summer 2022 session must submit this completed form by **May 15, 2022**. All other entering and continuing students who plan to take classes that start in August 2022 must submit this completed form to covidmanager@swlaw.edu by **June 30, 2022**. Entering students admitted into a program after the applicable deadline should refer to their admissions email for the specific deadlines that will apply, based on date of admission.

Decisions typically are issued within 10 business days.

Student’s Typed Name: _____ DOB: ____/____/____

Student’s Southwestern ID#: _____ Best Phone Number: _____

Southwestern Email: _____

SECTION 1: COVID-19 Vaccination Medical Counseling

Instructions to Healthcare Provider

A licensed MD, DO, ND, ARNP, or PA must complete and sign this section. Forms completed by the student will not be accepted.

Southwestern's goal is that 100% of our students are and remain fully vaccinated against COVID-19. We recognize that some students may have a sincerely held religious belief, practice, or observance that is in conflict with COVID-19 vaccination and choose to claim an exemption for religious reasons. It is important that these individuals fully understand the risks of being unvaccinated or unboosted. They are required to review the risks of lack of vaccination and potential COVID-19 infection with a licensed healthcare provider and document the medical counseling, as noted below.

Please complete the first page of this form and return it to your patient, who will submit it according to the instructions below.

Healthcare Provider Declaration

I have discussed with the student named above the benefits of the COVID-19 vaccine and booster and the risks of not receiving the COVID-19 vaccine or booster. I am a licensed MD, DO, ND, ARNP, or PA, and certify that the information provided on this form is complete and correct.

Date: ____/____/____

Provider's signature: _____

Provider's typed name: _____

License type: ___ MD ___ DO ___ ND ___ ARNP ___ PA

License #: _____ State: ___ NPI #: _____

Name of medical facility: _____

Address: _____

Phone number: _____

SECTION 2: COVID-19 Vaccination Exemption Request

Instructions to Southwestern Student

Please respond to each question below. You may attach to this form or separately submit documentation or additional information that supports your responses. Any student seeking a religious exemption must submit this form with **both** Sections 1 and 2 completed to the COVID Compliance Manager at covidmanager@swlaw.edu. (Should you experience issues with the form, you may submit two documents, but the combination of documents must constitute a complete submission with all sections and questions completed.) A designated committee of Southwestern administrators will review the documentation and approve or deny the exemption request. The committee's determination is final.

1. Describe each sincerely held religious belief, practice, or observance that forms the basis for your exemption request.
2. Please explain how your listed sincerely held religious belief, practice, or observance prevents you from receiving an authorized COVID-19 vaccination, including how long you have held these beliefs or how long you have engaged in the practice or observance.
3. Have you ever received a vaccine or other inoculation from a healthcare provider as an adult?
Yes ____ No ____
4. Do your sincerely held religious beliefs, practices, or observances include objections to other vaccines or inoculations?
Yes ____ No ____

If yes, please explain.

5. Have you ever requested an exemption from a COVID-19 vaccination policy on secular grounds?

Yes ____ No ____

If yes, please explain and provide the relevant date(s).

6. If the request for exemption is temporary, please enter the anticipated date or event after which the exemption is no longer needed, and an explanation of why it is temporary.

7. Southwestern may need to obtain additional information or documentation about your sincerely held religious belief, practice, or observance. More specifically, to address your request for an exemption, we may choose to discuss the nature of your sincerely held religious belief, practice, observance, and the exemption request with you, your religion's spiritual leader (if applicable), religious scholars, or individuals you may identify as knowledgeable about the belief, practice, or observance. If requested, can you provide documentation to support your belief, practice, and observance and need for an exemption?

Yes ____ No ____

If no, please explain why below.

8. I verify that the information I am submitting to support my request for a COVID-19 vaccination or booster religious exemption is complete and accurate to the best of my knowledge. I understand that any intentional misrepresentation contained in this request may result in disciplinary action. I also understand that my request for an exemption may not be granted if it is not reasonable, fundamentally alters a program, poses a direct threat to the health or safety of others at the school or to me, or creates an undue hardship for Southwestern. Southwestern may deny an exemption if I fail to cooperate with Southwestern's reasonable request for verification of the sincerity or religious

nature of my professed belief, practice, or observance. I understand that Southwestern reserves the right to deny my exemption request should it determine that, based on the information provided or received, adequate evidence has not been provided to establish that an exemption is warranted. I acknowledge that the COVID-19 vaccination or booster exemption could result in additional safety precautions while on-campus, including but not limited to regular testing.

Student signature: _____ Date: _____

Southwestern Official Use Only

1. Please indicate whether the exemption request is approved or denied.

- Exemption request approved.
- Exemption request denied.

2. If the exemption request is denied, explain the basis for denying the request.

Date of Committee Decision: _____