

BETHANY COLLEGE STUDENT HEALTH

COVID 19 VACCINATION WAIVER

Research by the Center for Disease Control and Prevention found that individuals living communally with difficulty social distancing appear to be at a higher risk for contracting the COVID 19 virus. The policy at Bethany College states “Unless a valid exemption is requested, all students will be required to at least start the vaccination process in order to move into campus housing and attend class in person. If they have not started the vaccination process by fall move-in and have not presented valid exemption documentation, students will not be permitted to begin classes.

Valid exemptions to this policy fall into three categories: (1) medical reasons as verified by a physician, (2) religious objections, and (3) philosophical reasons.

COVID-19 is a dangerous disease caused by a virus discovered in December 2019 in Wuhan, China. It is very contagious and has quickly spread around the world. COVID-19 most often causes respiratory symptoms that can feel much like a cold, a flu, or pneumonia, but COVID-19 can also harm other parts of the body. This information has been taken from the Center for Disease Control and Prevention website. We encourage you to visit www.CDC.gov for more information.

STUDENT REFUSAL OF COVID 19 VACCINE

I understand that it is recommended that all Bethany College students receive the vaccination against COVID 19. I understand that by declining to have this vaccine I continue to be at risk of contracting COVID 19, a serious virus. I understand that if I provide a valid medical, religious, or philosophical exemption request I will be permitted to move-in and attend class, provided that I meet certain requirements and guidelines, including providing a weekly negative test, submitting to daily temperature testing, and continuing to complete the daily COVID questionnaire. I understand that I will be required to wear masks at all times while interacting with others at Bethany College. Weekly COVID-19 testing, where applicable, will be at my expense.

Despite the risks, I request my refusal be honored and I release Bethany College from any liability that may arise directly or indirectly as a result of my refusal of the COVID 19 vaccine.

I (please print name) _____, refuse immunization against COVID 19 and I understand the risks as stated above.

Signature _____

Date _____

Verified Medical Exemption Reason _____

Physician Signature _____

Date _____

- Please check box for religious exemption
- Please check box for philosophical exemption