

**Roane State Community College**  
**COVID-19 Religious Exemption Form for Clinical Partners**

Please fill out this form to assist RSCC and our clinical partners with processing your request for a religious exemption from our clinical partners' COVID-19 vaccination. In addition, you may need to complete forms required by our clinical partners. The information you supply will be used to help RSCC process your request in accordance with the requirements of our clinical partners' requirements and the published CMS guidance. This form will be included in your student health file and may be shared with one or more of our clinical partners. If a student's request for a religious exemption is not accepted, RSCC will do their best to obtain a clinical placement for the student. However, RSCC cannot guarantee such placements.

Please describe the nature of your sincerely held religious beliefs or religious practice or observance that conflict with the COVID-19 vaccination required by RSCC's clinical partners.

Please provide any additional information that you think maybe helpful in reviewing your request.

In some cases, the clinical partner may require RSCC to request documentation or other authority of your religious practice(s) or belief(s).

I declare to the best of my knowledge and ability that the foregoing is true and correct.

Student's Signature: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

Date: \_\_\_\_\_

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Date Received \_\_\_\_\_

Request Approved? Yes \_\_\_\_\_ No \_\_\_\_\_

Any conditions: \_\_\_\_\_

Reason for denial:

Signed: \_\_\_\_\_  
RSCC Dean of Health Sciences