



REQUEST FOR RELIGIOUS EXEMPTION OR ACCOMMODATION
COVID-19 VACCINATION

Please

1. If you are under 18, complete the first section of this form, print it out and sign it.
2. You must also have a parent or guardian sign in the indicated space.
3. Scan the completed and signed form to create a PDF.
4. Follow the instructions for uploading the PDF at deanza.edu/return-to-campus/forms/exemption

De Anza College and the Foothill-De Anza Community College District are committed to providing equal educational opportunities without regard to any protected status, and an academic environment that is free of unlawful harassment, discrimination and retaliation. The college and district are committed to complying with all laws protecting students' and employees' medical conditions or religious beliefs and practices.

When requested, the college and district will provide an exemption or reasonable accommodation for an individual's medical condition or religious beliefs and practices which prohibit the individual from receiving a COVID-19 vaccine, provided the requested accommodation is reasonable and does not create an undue hardship for the college or district, and provided that it does not pose a direct threat to the health or safety of the requesting individual or of others in the campus community.

In considering this request, the college or district may need to obtain additional information or documentation, and may need to discuss the nature of your religious beliefs with your religious adviser or other religious scholars. This information will be used by the appropriate college or district personnel to engage in an interactive process to determine eligibility for, and to identify, possible ADA accommodations.

By submitting this request, you are asserting that the information is complete and accurate to the best of your knowledge, and that you understand intentional misrepresentation may result in disciplinary action.

Section 1: Information from the Student or Employee Requesting the Exemption

(First name)

(Last name)

(Campuswide ID – your eight-digit CWID)

(Mailing address)

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(Email address)

(Phone number)

I am requesting an exemption from the requirement for COVID-19 vaccination on the following religious grounds. (Please explain how the vaccination interferes with your free exercise of religious beliefs.)

I understand that if I receive an exemption, I may be subject to certain conditions for coming to campus. I also understand that my request for an accommodation may not be granted if it is not reasonable, if it poses a direct threat to the health or safety of others or to me, or if it creates an undue hardship on De Anza College or the Foothill-De Anza Community College District.

If I do qualify for a religious or medical exemption, I understand that I will be required to comply with the following conditions

- I will practice social distancing and wear a face covering at all times, both indoors and outside, while I am on campus.
- I will undergo a lab test for COVID-19 (home tests will not be accepted) – and upload negative test results – within three days before each visit to campus.
- If I test positive for COVID-19, I will quarantine at home for 10 days (except for receiving medical treatment).
- If I am exposed to someone with COVID-19, I will quarantine at home for 10 days.
- If there is an outbreak of COVID-19 on campus, I may be asked to leave temporarily for my safety or the safety of others.
- I am responsible for any financial or academic burdens that may result from the above conditions.

I understand that if I decide to be vaccinated in the future, I should discuss the risks and benefits with my medical provider.

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(Student or employee signature)

(Date)

Parent or guardian's signature (if student or employee is under 18)

Parent or guardian's name (if student or employee is under 18):

(Date)

Section 2: College Reviewer's Notes

On what date was this request received?

Was the exemption granted?

- Yes
- No

What accommodations or alternative conditions were imposed?

If exemption was not granted, what is the reason?

(Date of decision)

(Name of reviewer)

(Signature)