

Office use only:	
Date received:	
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Religious/Philosophical Exemption Affidavit Regarding COVID-19 Immunization

(Optional form – to be completed by a student if they are claiming an exemption)

Name: _____ Student ID: X _____

Date of Birth: _____

Otis College strives to provide a healthy and safe environment for our entire Otis College community. With the COVID-19 vaccine now readily available for all adults 16 years and older, Otis College has mandated all currently enrolled students to obtain the COVID vaccine. All students must show proof of obtaining one of the available COVID vaccines prior to the start of the 2021-2022 academic year.

In the event that a student is requesting an exemption based on religious or philosophical reason, the following form must be completed and signed by the **Otis College student** and reviewed with one of the **medical providers at the Student Health and Wellness Center (SHWC)** by the deadline of **August 15, 2021**. This process can be completed over the phone or via a zoom appointment with a medical provider from the SHWC. During the student’s time at Otis College, this form must be renewed and resubmitted each academic year.

Otis College policy states that in the event of an outbreak of any vaccine preventable disease including COVID-19, for my protection and that of the Otis College community, students with immunization exemption may be excluded from the College campus for all purposes. Purposes may include, but are not limited to: all classes, activities, travel, and housing through Otis College. Exclusion will remain in place until the outbreak is cleared by the Los Angeles County Department of Public Health. Submitting proof of immunization will allow for a student to remain on campus/return to campus. In the event that a student lives in Otis residential housing, they will be asked to isolate until cleared to move back to their previous Residence Hall room or apartment. Those in housing requiring medical isolation will be provided an isolation room in the Residence Hall.

Please explain below the reason for religious/philosophical exemption:

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All religious/philosophical exemption requests **require** the student to review and initial the following statements. These statements will be reviewed with the student and a medical provider from the SHWC.

The following has been explained to me by an SHWC medical provider (MD, NP or RN). By providing my initials, I acknowledge that I understand the information presented to me and I will comply with all policies and procedures set forth by Otis College of Art and Design for requesting exemption from the required immunization.

_____ I understand the purpose of and the need for the required vaccine.

_____ I understand the risks and benefits presented to me by a medical provider of the required vaccine.

_____ I have received vaccine education materials and I have been given the opportunity to be vaccinated against COVID-19 at no charge to me. However, I decline the vaccination at this time. I understand that by declining this vaccine I continue to be at increased risk of acquiring COVID-19.

_____ If I do not receive the vaccine, the consequences may include:

- Contracting the preventable illness that may lead to serious complications or death.
- Transmitting the disease to others.
- Quarantine away from school should an outbreak arise.
- Isolating from others, if living in Otis residential housing.

_____ I further understand that I assume any and all liability that may arise from my decision not to be immunized. I know that failure to receive the required vaccines may endanger the health or life of myself or others with whom I might come into contact.

_____ By not receiving the required COVID-19 vaccine, I understand that I will have to complete weekly COVID-19 tests and complete daily symptom reports when coming onto campus.

_____ I understand that by claiming exemption for religious/philosophical reason(s), and in the event of an outbreak of any vaccine preventable diseases, I will be excluded from the College campus as stated in the above Otis College policy.

_____ I know that I may readdress this issue with my medical provider or with a medical provider in the Student Health and Wellness Center at any time and that I may change my mind and accept vaccination anytime in the future.

_____ I understand that I must review this form with my medical provider and resubmit a newly completed form every academic year.

Medical Provider Name _____

Medical Provider Signature or Stamp/Date _____

Student Signature/Date _____

Parent/Guardian, if the student is under 18 years old/Date _____