



Medical University of South Carolina is committed to protecting our patients, health care workers, volunteers, medical staff, employees, students, and the community from the spread of all vaccine preventable diseases. The Medical University of South Carolina requires that all individuals as defined in policy CHS-IPC-006 (Employee Student- Health Policy) to be vaccinated unless granted an accommodation approved through the Department of Diversity, Equity, and Inclusion (DEI). This form is used to request a medical or religious accommodation.

Student's Information

Accommodation Request

- ☐ **Meningococcal**
- ☐ **COVID-19**
- ☐ **Other**_____
- ☐ **Influenza (Flu)**
- ☐ **Varicella** (Chicken pox)
 - **Varicella Disease History:** I have had chicken pox, but was not diagnosed by licensed health care professional

Religious Accommodation

- ☐ Religious exemption- If you have any supporting documentation from your religious leader, clergyman, pastor, or spiritual leader, feel free to attach.

Please identify your sincerely held religious belief, practice, or observance that is the basis for your request for religious accommodation.

Please briefly explain how your sincerely held religious belief, practice, or observance conflicts with the immunizations required by MUSC.

Identify any accommodations you believe may be necessary for you to participate in the university's programs, activities, services and/or meet any clinical requirements.

Please provide any additional information that may be helpful in processing your religious accommodation request.

Pursuant to policy CHS-IPC-006 (Employee Student- Health Policy), I declare that the immunization requirements as set forth in policy CHS-IPC-006 (Employee Student- Health Policy) are contrary to my bona fide religious belief and request, as permitted by the law, an exemption from the immunization requirements of the Medical University of South Carolina for myself.

I hereby release the Medical University of South Carolina, its owners, staff, or representatives from any liability based on any health impairments resulting as a direct consequence of this exemption.

Signature & Date: _____

*Thank you for your cooperation. You may fax or mail your report to the Department of Diversity, Equity and Inclusion at **843-792-1288** or **173 Ashley Avenue, Basic Science Building Rm 104, MSC 502 Charleston, SC 29425**.*

Please call Stephanie Price, Director of Equity, EEO, and Student Accessibility Services if you require additional information. Please attach any additional reports or relevant information. All information on this form will remain confidential in accordance with the Family Educational Rights and Privacy Act (FERPA).