COVID Vaccination for Health Profession Students
[Information updated June 2023]

HEALTH PROFESSIONS STUDENTS

Health Professions students attending clinical outside of Parkland buildings are required to have a complete vaccination series or an exemption approved by the Dean of Health Professions.

Students will follow the directions in Castle Branch to upload the vaccination card to Castle Branch. If a student has an approved exemption from the Health Professions Dean, the student will be emailed a exemption approval form to be uploaded to Castle Branch.

Clinical requirements are determined by affiliation agreements with clinical partners. Clinical requirement standards may vary from semester to semester depending on facility requirements. Students should understand that in the event of an outbreak or pandemic concern, the clinical facilities may temporarily exclude unvaccinated students. Being excluded from clinical experiences and time, may cause interruption in the student’s educational progress.

Some clinical facilities may require an additional form, additional personal protective equipment or training.

Clinical schedules and clinical facilities are unique to each program. Program Directors and the Health Profession Dean will determine if a clinical placement meets requirements of the program. Students will only be placed at scheduled clinical facilities according to the schedule set by the program and the clinical site.

Clinical facilities may not accept declinations or exemptions for stated requirements.

Clinical Intake and Health Record Requirement Policy: Clinical Intake and Health Record Policy

Exemption Process for the COVID vaccination:

Religious and Medical Waivers for Vaccinations

1. Declination forms should be submitted prior to the official acceptance in the program to avoid possible interruption in the student’s education.

2. Students must follow the Parkland process for requesting approval of a medical or religious exemption for a vaccination.
   a. Complete the attached exemption request found on page 3 of this process.
   b. Email the completed exemption request to (kpankau@parkland.edu) to request a religious or medical exemption for a vaccination via the student’s Parkland email account. Please list EXEMPTION REQUEST in the subject line of the email.
   c. The applications for approval will be determined on a case-by-case basis.
   d. Additional supportive documents or information from the student, health care provider or religious leader may be requested.
   e. The approval will be for the duration of the program only; if a student enters another Health Professions program, a new approval must be sought.
   f. Students will be notified of decision through their Parkland student email account.

3. Students who submit false documentation or knowingly submit false information in pursuit of this exemption are in violation of program and Health Professions Code of Conduct, Program Code of Conduct, and related handbook statements.

4. Students should understand that in the event of an outbreak or pandemic concern, the clinical...
facilities may temporarily exclude unvaccinated students. Being excluded from clinical experiences and time, may cause interruption in the student's educational progress.

5. Some clinical facilities may require an additional form, additional personal protective equipment or training if exemptions or declinations are approved.

6. Beliefs based on social, political, or economic philosophies as well as personal preferences are not considered religious beliefs.

7. Clinical facilities may not accept declinations or exemptions for stated requirements. Reasonable effort will be made to find clinical placement that will still meet the needs of program accreditation and required competencies. The student will work with the program director and Dean of Health Professions to determine if alternative clinical placement can be arranged. Clinical schedules and clinical facilities are unique to each program. Program Directors and the Health Profession Dean will determine if a clinical placement meets requirements of the program. Students will only be placed at scheduled clinical facilities according to the schedule set by the program and the clinical site.
Parkland College Health Professions
COVID-19 Vaccination Exemption Request

Name:____________________________________  Student ID:_______________________________
Program:__________________________________  Phone Number: ___________________________
E-mail Address: ____________________________

Medical Exemption
Recognized Contraindications to COVID-19 vaccine. Please select one:
____ Severe, life threatening allergic reaction after previous dose of COVID-19 vaccine or vaccine component.
____ Physician discretion for patients with history of epilepsy or Guillain-Barre Syndrome.
I certify that my patient has the above contraindication, and request medical exemption from the COVID-19 vaccine.

Healthcare Provider Signature:_________________________________  Title:____________________

Provider email and contact phone number: ______________________________________________________

Religious Exemption
Religious exemptions may be granted if (i) the individual holds sincere religious beliefs which are contrary to the
practice of vaccination, (ii) complete this form, and (iii) provide the required documentation to
support the exemption as needed. I am attesting that I have a sincerely held religious belief against being vaccinated
for COVID-19. Please state what is unique about this vaccination and the religious belief that guides your objection to
receiving the vaccination.

_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________

Church/Religious affiliation: _______________________________________________________________________
Religious Leader signature: _______________________________________________________________________
Religious Leader email and contact phone number: ______________________________________________________

I understand and assume the risks of non-vaccination. I understand that as I am not vaccinated, in order to protect my
own health and the health of the community, I will comply with assigned COVID-19 testing requirements or other
preventative measures as directed by clinical partner agreements.

Student Signature                                                                                             Date

NOTE: The Health Professions Dean is the designated single reviewer for all requests. Students will be contacted via Parkland
student email accounts upon review completion. Please read all details of the Health Professions health record policy regarding
vaccination status and clinical placement.