

## COVID-19 VACCINE REQUIREMENT ACKNOWLEDGEMENT

In support of the School for International Training's commitment to health and safety for all members of its global community, we have decided to update our Immunization Requirements to include the COVID-19 vaccine starting in the Fall 2021 semester. SIT urges all members of its global community to vaccinate as soon as they are qualified in their jurisdiction.

This health update requires all students be fully vaccinated to participate in all our face-to-face programs beginning in Fall of 2021. Proof of vaccination will be required.

Benefits of the vaccine include prevention of serious illness, hospitalization, and death from the virus. The vaccine also brings critical help to stop the pandemic in the USA and our host communities abroad.

Program benefits to our host communities include:

- Helping our communities return to pre-pandemic normal.
- Additional face-face experiences and course offerings in the country.
- A wider range of events and activities while in the country.
- Greater opportunities to live out our original motto of "we learn to live together by living together."

Students attending SIT programs may request an exemption from the vaccine requirement by requesting an Immunization Exemption Form from the Office of Student Health, Safety & Wellbeing ([studenthealth@sit.edu](mailto:studenthealth@sit.edu)).

Exemptions include:

- Medical* (provide a letter of support from your healthcare provider)
- Religious* (provide a statement describing a sincerely held religious belief)
- Unavailability* (provide a statement describing the Unavailability of vaccinations in your location/home country)

Students attending virtual programs will not be required to show proof of vaccination. For general information about the COVID-19 Vaccines please visit the following site: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/faq.html>

I have read and acknowledge SIT's COVID-19 Vaccination Requirement Policy and understand that my participation may be withdrawn if my vaccination copy, or approved exception is not received within three-weeks of my program start date.

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**Print Full Name of Participant**

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**Signature of Participant**

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**Date**