



**REQUEST FOR ACCOMMODATION FROM COVID-19 VACCINATION  
RELIGIOUS**

**Part 1: To be completed by the Vendor’s employee**

Name: _____	Date of Request: _____
Vendor Name: _____	Position/Job Title: _____
Department: _____	Location(s): _____

University Health is committed to providing a safe, inclusive, and supportive experience for all and recognizes a Sincerely Held Religious Belief may provide a basis for Religious Accommodation for University Health’s vaccination requirements. University Health will carefully review all requests for Religious Accommodation, approval is not guaranteed.

This form is to be used to apply for a Religious Accommodation to the University Health Policy 6.07, Attachment I: Vendor Representative COVID-19 Vaccination Procedures. It must be completed and submitted to Procurement Services. This form is intended to verify that your religious belief, practice, or observance is sincerely held and does not permit you to receive certain vaccines. You will be notified in writing of the outcome of this request. Please note that your Request for Accommodation may be submitted to a panel for further review, and that your attendance and participation in a discussion about your request may be required.

***Consideration of a religious accommodation is a collaborative interactive process and will be made on a case-by-case basis. You are required to comply with such precautions as determined by the Chief Medical Officer or his designee and approved by University Health in accordance with its policies, applicable law or regulations, and the best medical guidance available, including from the Centers for Disease Control and Prevention and guidance from local health authorities. Religious Accommodations are subject to ongoing continuous review and consideration, and University Health reserves the right to alter, modify, or revoke an Accommodation as it deems necessary to protect the health and safety of our patients and those in the workplace or to ensure a reasonable accommodation which does not create an undue hardship to University Health.***

To apply for an Accommodation to be exempt from receiving a required vaccination based on a sincerely held religious belief, practice, or observance, your personal statement must address all of the following elements: (i) identification and explanation of your sincerely held religious belief, practice, or observance; (ii) the specific tenet of your sincerely held religious belief, practice, or observance which precludes vaccination; (iii) identification of the specific vaccine or vaccines your sincerely held religious belief, practice, or observance precludes you from receiving; (iv) explanation of how long you have held a sincerely held religious belief, practice or observance which precludes vaccination; and (v) whether you have been vaccinated in the past, what vaccinations you have received, when they were received and, if so, why your prior vaccinations were not precluded by your sincerely held religious belief, practice, or observance.

You may attach to this form additional written pages or supporting materials. Also, if you believe a statement from a religious leader would be helpful to University Health in evaluating this accommodation request, please have your religious leader provide such a statement attesting to your sincerely held religious belief, practice, or observance that precludes vaccination. However, you must answer each of the items below and attest to their truth and accuracy as indicated.



- 4) Explain how long you have adhered to a sincerely held religious belief, practice, or observance that precludes vaccination. If you began adhering to this religious belief, practice, or observance less than a year from the date you are completing this form, explain how you came to adopt this new religious belief, practice, or observance.
  
- 5) Explain in detail any prayer, counseling, or religious support you have received in connection with your sincerely held religious belief, practice, or observance and how this has impacted your decision to obtain any vaccine?
  
  
  
  
  
  
  
  
  
  
- 6) Does your sincerely held religious belief, practice, or observance prevent you from employing any other protective measures (personal protective equipment such as facial coverings or regular testing)? If so, explain which ones and why they are precluded by your sincerely held religious belief, practice, or observance.

- 7) Do you have a religious or spiritual advisor? If so, provide your advisor's name and contact information and describe how long this individual has been your religious or spiritual advisor.
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
- 8) If you do not have a religious or spiritual advisor, provide the name and contact information of anyone who can attest, if necessary, to your sincerely held religious belief, practice, or observance that precludes vaccination.
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
- 9) Please provide any additional information that you think may be helpful in evaluating your religious accommodation request.

## Certification

By my signature below, I acknowledge that I have read and fully understand the information on this form, and I attest that the information I have provided on or with this form is true, accurate and complete. I understand that an answer that omits relevant and material facts is not complete. I also certify that the religious beliefs I identified are sincerely held by me, and that I am requesting an accommodation based solely on my sincerely held religious beliefs. I understand I may be contacted to provide further information or clarification of any statements contained in this document. I also understand that my request for a religious accommodation from vaccination may not be granted if it is not reasonable or creates an undue hardship on University Health. I further understand that any false or incomplete information used to support this Request for Accommodation is grounds for and can result in termination of contracted services.

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Vendor's Employee Name (Please Print)

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Vendor's Employee Signature

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Date

I hereby affirm that this affidavit was signed in my presence on this \_\_\_\_\_ day of \_\_\_\_\_.

Notary Public Seal

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Notary Public Signature