

UConn HEALTH

UConn Health Mandatory COVID-19 Vaccination Policy Religious Exemption Request

Instructions

If you have a sincerely held religious or spiritual belief that you believe prevents you from receiving the COVID-19 vaccine, you must sign and upload this request form for consideration. All requests and supporting documentation will be reviewed by the Religious Exemption Review Committee. The Religious Exemption Review Committee may contact you for additional clarification or information.

A "sincerely held religious or spiritual belief":

- should be **more than** a social, economic, or political philosophy;
- should relate to a belief system that is comprehensive and addresses fundamental and/or ultimate questions; and
- should **not** be solely a belief about vaccinations and one's personal preference.

All requests are pending until you receive notice of an approval or denial. Individuals who are denied an exemption shall have ten (10) days from the date of the notice of the denial to receive the vaccine (either a single dose vaccine or first dose of the 2 dose vaccine).

Name: (Last)	(First)
Date of Birth:	
Position/Job Title:	Employee ID:
Department:	Manager/Supervisor:
Email:	Phone Number:

1. Please provide a personal statement detailing the religious basis for your vaccination objection, explaining why you are requesting this religious exemption, the religious principle(s) that guide your objections to vaccination, and the religious basis that prohibits the COVID-19 vaccination. Please attach additional documentation, if necessary. UConn Health may need to discuss the nature of your religious belief(s), practice(s) and/or request for exemption with your witness or religious leader(s) (if applicable). If we need to do so, we will contact you. UConn Health may also request additional supporting documentation if needed.

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2. Please indicate the length of time you have practiced your religion, belief or observance preventing you from receiving the COVID-19 vaccination:

3. Have you received immunizations in the past? **Yes** or **No** (check one)

If yes, when was the last time you received any kind of immunization(s)?

What kind of immunization(s) did you receive?

4. If yes to the previous question, please provide an explanation detailing any changes in your religion, belief, or observance that have occurred since your last immunization, or the reason(s) that you believe your religion, belief, or observance prevents you from receiving the COVID-19 vaccine:

By signing this form, you certify that the information you have provided in connection with this request is accurate and complete as of the date of submission. You understand this exemption may be revoked and you may be subject to disciplinary action if any of the information you provided in support of this exemption is false. You further agree to comply with any recommended protective requirements as provided by state or federal guidelines or UConn Health policy. If your request for an exemption is not approved, and you do not otherwise receive a deferral of this requirement, you will be required to receive the COVID-19 vaccine as a condition of your continued employment. **Individuals who have been denied an exemption shall have ten (10) days from the date of the notice of the denial to receive the vaccine (either a single dose vaccine or first dose of the 2 dose vaccine).**

You understand that by signing this form, if granted an exemption or deferral, your name and vaccination status will be shared to the extent necessary to ensure compliance with health and safety requirements for unvaccinated individuals. You agree to comply with these restrictions and accept the responsibility for compliance with all health and safety

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requirements. You acknowledge that if your request is approved, you will be exempted or deferred from receiving the COVID-19 vaccine and you may be required to comply with all of the following:

- **Receive a weekly COVID-19 NAAT or PCR testing.**
- **Must follow the present travel guidelines for out-of-state travel with HR documentation and obtain a COVID-19 NAAT or PCR (not rapid antigen) test before returning to work following any out-of-state travel that lasts 24 hours or more. Additional testing following travel may be required under the instruction of the COVID-19 Call Center clinicians.**
- **Be required to wear a mask at all times while working on site and required to wear protective eyewear when providing clinical care to all patients and an N95 or equivalent respirator when performing any aerosol-generating procedure on any patient.**

Updates to these requirements may be made based on evolving state and federal public health guidance and will be communicated with employees.

By signing below, I acknowledge that I have read and understand the previous statements, and agree to comply as applicable.

Signature: _____ Date: _____

Printed/Typed name: _____