



UConn Health Mandatory COVID-19 Vaccination Policy Religious Exemption Request

Instructions

In our continued effort to protect the safety of our patients, colleagues, and community, UConn Health is requiring all of UConn Health Workforce Members to be fully vaccinated against COVID-19. Dose #1 must be received by September 10, 2021 and dose #2 (if applicable) by October 15, 2021. UConn Health permits individuals to apply for a religious exemption by using this request form.

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;
- need **not** be tied to a specific religious organization, but 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.

The completed and signed form must signed and uploaded by no later than August 30th, 2021. Requestors will have thirty (30) days from the time of request to upload additional supporting documentation for consideration. All requests are pending until you receive notice of an approval or denial. If no decision has been made by September 10th, requestors must comply with the protective guidelines (including weekly testing and enhanced PPE) outlined in this form until a decision is made. Individuals who are denied an exemption after September 10th 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).



**UConn Health Mandatory COVID-19 Vaccination Policy
Religious Exemption Request**

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

1. In the space below, 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.



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 acknowledge that if my request is approved, you will receive a religious exemption from receiving the COVID-19 vaccine and will be required to comply with all of the following:

- **Receive a weekly COVID-19 NAAT or PCR testing. Full instructions to follow on how Workforce Members can schedule and fulfill their weekly testing requirement.**
- **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 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.

You understand that by signing this form, if granted an exemption, 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 requirements.

Also by signing this form, you understand and assume the risks of non-vaccination. You understand that COVID-19

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vaccination is recommended to protect yourself, your patients, and your co-workers from COVID-19 and its complications, including serious illness and death. You hereby agree to comply with all safety measures listed in the preceding paragraph as well as any other necessary and reasonable safety measures.

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).**

I acknowledge that I have read the CDC Covid-19 Vaccine Information (<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/index.html>).

Signature: _____

Date: _____

Printed/Typed name: _____