



Human Resources
 1500 N. Warner St. #1064
 Tacoma, WA 98416-1064

CERTIFICATE OF EXEMPTION – RELIGIOUS

Name of Faculty or Staff Member:	Date of Birth:
ID#	Primary Phone:
Address:	Email Addresss:

NOTICE: In order to be considered for an exemption from the university’s vaccine requirements, a faculty or staff member must submit this completed form to Human Resources, including providing information that supports their sincerely held religious belief that prevents them from getting a specific vaccination. This form must be completed and signed by the faculty or staff member. In the event of an outbreak, those whose exemption request is approved should consult with Human Resources concerning accommodations until they have proof of immunity or the outbreak is over. The faculty or staff member must follow all other health and safety practices established by the university for unvaccinated individuals. Following approval, they must meet with a Human Resources staff member to review exemption requirements. Human Resources may consult with the University Chaplain regarding requests for religious exemptions.

Vaccine	Religious Participation	Religious Belief
COVID-19 Vaccine	<p>I affirm I am a member of a church or religion whose teaching does not allow health care practitioners to give medical treatment to me;</p> <p>and/or</p> <p>I participate in a religious community/ identity that specifically has a local or general objection to the COVID-19 vaccine.</p>	<p>I affirm that the required vaccine is in conflict with my religious beliefs. I have discussed the benefits and risks of immunizations for me with my health care practitioner.</p>

Please describe (1) the religious teaching and/or local or general objection to the COVID-19 vaccine relevant to your participation in your religious community/identity, and/or (2) how your sincerely-held religious belief (including any religious observance or practice) prevents you from receiving the vaccine. (Attach additional sheets as needed.)

Declaration:

I am aware if an outbreak of vaccine-preventable disease occurs for which I am exempted, I should consult with Human Resources concerning accommodations until I have proof of immunity or the outbreak is over. I further understand that I must follow all other health and safety practices established by the university for unvaccinated individuals. Following approval of the exemption, I understand I will be required to meet with a representative from Human Resources to review the current health and safety standards required by the university and that Human Resources may consult with the University Chaplain regarding requests for religious exemptions.

Signature: _____ Date: _____

Human Resources Use Only:

Approved _____

Not approved _____

Date faculty or staff met with Human Resources staff _____