

## **Religious Exemption Request Form**

Accommodation to COVID-19 Vaccination Requirement

This form is for Students and Employees who are requesting a religious exemption from the COVID-19 Policy as part of an approved reasonable accommodation from Bastyr University's ("Bastyr") COVID-19 vaccination requirement. To request an exemption from required vaccinations, please email *completed* form to The Office of the Vice President of Student Services (for students) <u>poldocs@bastyr.edu</u>, or the Office of Human Resources (for employees) <u>poldoce@bastyr.edu</u>.

Student or Employee Name	Student I.D. #	
Job title (If Applicable)	Location	
Department or Academic Program	Supervisor (If Applicable)	
Cell / Home Phone #	Bastyr Email Address	

Bastyr University policy requires that all students and employees (except students in the fully online Maternal and Child Health Systems and first year Master of Science Nutrition for Wellness and Health Coaching degree programs) receive a COVID-19 vaccination.

Bastyr University is committed to supporting a safe and inclusive environment, and we recognize religious observances as they apply to vaccination. An exemption from the COVID-19 Policy as part of an approved reasonable accommodation may be granted if the covered individual holds sincere religious beliefs that do not allow vaccination.

In order to request an exemption from the COVID-19 Policy as part of an approved, reasonable accommodation, the covered individual should submit the completed request form **by September 15, 2021**.

Individuals with an approved exemption will be required to comply with additional preventative requirements. In order to protect those with exemptions during an outbreak on campus, those with exemptions may be excluded from participation in all campus activities until the outbreak is under control.

The Office of the Vice President of Student Services (for students) or the Office of Human Resources (for employees) will review all exemption requests on a case-by-case basis. Once the completed exemption form is received, we will engage in an interactive process to identify possible accommodations. The interactive process is intended to clarify the student or employee's request and identify appropriate exemption / reasonable accommodation(s).



You may be contacted for clarification if needed. An exemption / accommodation(s) will be granted where they do not cause Bastyr University undue hardship or pose a direct threat to the health and safety of others.

Bastyr will notify the student or employee of approval or denial of their exemption request once the interactive process has been completed. If the exemption is temporary, then the written notice will also include an expiration date, and you will be required to complete vaccination by that date. Individuals are permitted to re-submit an application if new information becomes available.

Exemptions will remain in place for one academic year and must be renewed annually.

## Students and Employees must read the following and initial:

1	I request exemption from the COVID-19 requirements for religious reasons. I understand and assume the risks of being unvaccinated. I accept full responsibility for my health, thus removing liability from Bastyr University.	
2	I acknowledge that I have read this <u>CDC COVID-19 vaccination</u> information.	
3	I understand that because I am not vaccinated, I may be required to comply with additional COVID-19 preventative measures to protect my own health and the health of the Bastyr community as part of the reasonable accommodation that includes the exemption.	
4	I understand that by declining this vaccination, I may be required to have regular or periodic COVID-19 testing if the University deems it necessary for campus safety.	
5	I understand that due to situations on any campus or other public health requirements, I may be temporarily excluded from in-person activities and facilities (including but not limited to classrooms, offices and common areas in Bastyr housing). I agree to comply with safety protocols, and I accept responsibility for communicating with either the Office of the Vice president of Student Services or the Office of Human Resources as required to be in compliance with safety requirements for unvaccinated individuals. Moreover, I understand that temporary exclusion from campus facilities does not entitle me to tuition refunds (students) or additional paid leave (employees).	
6	If I contract COVID-19, I will <u>immediately</u> comply with all Bastyr University procedures for notification, isolation and quarantine.	
7	I understand and agree to comply with and abide by all Bastyr University COVID-19 policies and procedures.	



## **Religious Exemption**

You must complete the following questions.

1.	Describe the sincerely held religious observance, belief or practice that necessitates this request for accommodation:
2.	Describe the way in which the requirements of Bastyr's Mandatory COVID-19 Vaccination Policy conflicts with your religious observance, practice, or belief:
3.	Requested accommodation that would enable you to fulfill the essential functions of your position: (e.g., what reasonable alternatives to the mandatory vaccination requirement would enable you to do your job while effectively reducing infection and serious disease, without creating an undue hardship to Bastyr University, its staff, and its students)

I certify that my statement above is true and that I hold a sincere religious belief that does not allow COVID-19 vaccination. I understand that any falsified information can lead to disciplinary action, up to and including termination or dismissal.

I have read and understand Bastyr University's policy on religious accommodation. My religious beliefs and practices, which result in this request for a religious accommodation, are sincerely held. I understand that the accommodation requested above may not be granted but that Bastyr will attempt to provide a reasonable accommodation(s) that does not create an undue hardship on Bastyr.

I understand that Bastyr University may need to obtain supporting documentation regarding my religious practice and beliefs to further evaluate my request for a religious accommodation.

Student or Employee Signature:	Date:
USE FOR OFFICES OF VP OF STUDENT SERVI	CES AND HUMAN RESOURCES ONLY
Date of initial request:	
Accommodation request:	
<ul> <li>Approved Date:</li></ul>	BY:
☐ Denied Date:  Describe why accommodation is denied:	BY: