

**UNIVERSITY OF MIAMI**  
**Influenza Vaccination Request for**  
**Religious Exemption Form**

**For Non-Employees**

**INSTRUCTIONS AND INFORMATION:**

The University of Miami is committed to diversity and respects the religious and cultural beliefs of our health care workers. The mandatory influenza vaccination policy reinforces the University's commitment to safety and provides consideration for a religious exemption to anyone that cannot receive the vaccine for a verifiable religious reason. Please complete this form, attach a letter from your religious leader on official letterhead speaking to your religious affiliation, and/or a quote from a religious text along with a letter explaining the relevance of the text supporting your beliefs. The completed form and all required supporting documentation must be submitted to the Office of Workplace Equity and Inclusion ("WEI") for review at [wei@miami.edu](mailto:wei@miami.edu). A determination will be provided within seven (7) business days from the receipt date.

It is the health care personnel's responsibility to submit a timely request and any delay in verification may result in a suspension until such time that information can be obtained. A health care personnel who is denied their request for a religious exemption can appeal in writing to the Assistant Vice President for WEI within three (3) business days. The appeal will be reviewed by the Vice President for Human Resources or designee.

Questions regarding religious exemptions should be directed to Workplace Equity & Inclusion at 284-3064 or [wei@miami.edu](mailto:wei@miami.edu).

**REQUESTOR'S INFORMATION:**

<b>Name:</b>
<b>Department/Unit:</b>
<b>Email:</b>

<b>Date of Request:</b>
<b>Supervisor Name:</b>
<b>Telephone:</b>

**INFORMATION PERTAINING TO REQUESTOR'S RELIGIOUS BELIEF:**

<b>Religious Type or Belief:</b>
<b>Address:</b>
<b>Contact Person:</b>

<b>Church/Worship Center Name:</b>
<b>Telephone:</b>
<b>Contact Person's Role/Title:</b>

*I authorize WEI to request and receive documentation and information regarding my religious practice or belief for the purposes of considering an exemption from receiving an influenza vaccination required in connection to my employment as a health care worker with the University of Miami. I have included a letter from my religious leader on official letterhead speaking to my religious affiliation and/or a quote from a religious text along with a letter explaining the relevance of the text supporting my beliefs.*

*I hereby certify that the information contained herein is accurate and true to the best of my knowledge. I understand that any misrepresentation or the provision of false information will result in disciplinary action up to and including termination of my employment with the University of Miami.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_