

UHealth/MSOM

Application for Religious Exemption for Coronavirus Vaccine

Please note, submitting this request does not guarantee approval. Please allow 7-10 business days for your request to be processed. Upon review, you will be notified in writing if the exemption has been granted. At any time the University reserves the right to request additional supporting documentation.

Section 1: Employee information

Name: _____ UM ID: _____

Department/Area: _____ Campus: _____

University Email: _____ Phone: _____

Section 2: Background

An employee may be exempt from vaccination if that employee holds genuine and sincere religious beliefs which are contrary to the practice of immunization. The University of Miami is committed to providing a safe and inclusive workplace for all employees and recognizes employee observance of their faith as it pertains to the practice of immunization.

Section 3: Employee attestation

- I understand that I will be required to wear a mask while at work.
- I understand that I may be asked to submit an application for religious exemption annually.
- I understand the risks of non-immunization and I accept full responsibility for my health, thus removing liability from the University of Miami to the required immunizations.

Section 4: Description of religious beliefs

For consideration of exemption to the University influenza vaccination policy, please complete the following:

- Provide a written and signed statement detailing the religious basis of your objection, explaining why you are requesting this religious exemption, the religious principles that guide your objections to immunization, whether you are opposed to all immunization, and if not, the religious basis that prohibits particular vaccinations; or
- Obtain and submit a document from your religious organization supporting the basis of your faith/beliefs which are contrary to the practice of immunization or use of vaccines. The document should include a signature from your religious leader, the name, address, and phone number/email of the religious organization.

Section 5: Signature

By signing below, I request an exemption from the coronavirus vaccination requirement due to my genuine and sincere religious beliefs. I certify that the information I have provided on and in connection with this request is accurate and complete.

Printed Name: _____

Signature: _____ Date: _____