

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

College/Department: \_\_\_\_\_ WesternU ID#: @ \_\_\_\_\_

**WesternU Mandatory COVID-19 Vaccine Policy**

WesternU requires all faculty, staff, trainees, residents, and students who are Working and Learning on-site at the University or affiliated facilities to be fully vaccinated against COVID-19 vaccine. Individuals can request exception from this requirement if they cannot receive the COVID-19 vaccine because of a sincerely held religious belief, practice, or observance. WesternU defines a "religious practice or belief" as a practice or observance that includes moral or ethical beliefs as to what is right and wrong and that is sincerely held with the strength of traditional religious views.

In order to qualify for a religious exception please describe below your religious belief, practice, or observance and how these prevent you from receiving COVID-19 vaccination:

**Individual Certification:** By signing this Religious Exception, I attest that I cannot receive a COVID-19 vaccination because of the sincerely held religious belief, practice, or observance described above. I verify that the above information is complete and accurate to the best of my knowledge and I understand that any intentional misrepresentation contained in this request may result in disciplinary action. I acknowledge and agree that WesternU may ask me to document my religious practice or belief or consult religious scholars or leaders to confirm the appropriateness of the declination. I understand that WesternU reserves the right to deny my Religious Exception Request should it determine that based on the information provided or received, adequate evidence has not been provided to establish that an exception is warranted. I acknowledge that declining the COVID-19 vaccination could result in additional safety precautions while on-campus, including but not limited to personal protection equipment and testing.

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

**For use by WesternU Student-Employee Health Office (SEHO) only:**

Date Received: \_\_\_\_\_

Received by (staff name) : \_\_\_\_\_ Signature: \_\_\_\_\_

Approved: Yes No

Date Approved: \_\_\_\_\_

Date Denied: \_\_\_\_\_

Approval/Denial By (Print Name): \_\_\_\_\_

Please send a copy of this form, to [stu-emphealth@westernu.edu](mailto:stu-emphealth@westernu.edu) and on the subject line enter "COVID vaccine"