



## Request for Religious Exemption from COVID-19 Vaccine

Name: \_\_\_\_\_ ID# (If applicable): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Dominican University email: \_\_\_\_\_

**Dominican University policy recommends that all students and employees receive a Covid-19 vaccination.**

A religious exemption may be granted if (I) the individual holds sincere religious beliefs which are contrary to the practice of vaccination (II) completes this form and (III) provides the required documentation on to support the exemption request. Dominican University is committed to providing a safe, inclusive, and supportive experience for all and recognizes true and genuine observance of faith as it pertains to the practice of immunization. Religious exemptions must be requested annually. If approved, the exemption will remain in effect for the duration of the current academic semester. Individuals with approved exemptions may request to recertify exemptions each year. The assigned expiration is at the sole determination of Dominican University.

Individuals with an approved exemption are required to comply with Covid-19 testing and other preventive requirements as specified in the exception approval and as may be updated by later notification and/or posting of requirements of the Dominican University's website. In the event of an outbreak on or near campus, individuals holding exemptions may be excluded from all campus facilities and activities, for their protection, until the outbreak is declared to be over.

The Exemption Committee will carefully review all requests though approval is not guaranteed. After your request has been reviewed and processed, you will be notified, via email, if the exemption has been granted or denied. The decisions of the committee are final and not subject to appeal. Individuals are permitted to reapply if new documentation and information should become available.

To submit a request:

- Complete and sign the following page of this form.
- Complete the Personal Statement Form.
- Submit the completed documents by email to Covid-19.Exemption@duny.edu.

## Request for Religious Exemption from COVID-19 Vaccine Personal Statement



## Request for Religious Exemption from COVID-19 Vaccine

Initial Below	Carefully Review Statements
	I request exemption from the Covid-19 vaccination requirements due to my sincere religious beliefs. I understand and assume the risks of non-vaccination. I accept full responsibility for my health, thus removing liability from Dominican University to the vaccination.
	I understand that as I am not vaccinated, in order to protect my own health and the health of the community, I will comply with additional Covid-19 testing requirements and other preventative guidance.
	I understand that in the event of an outbreak or threatened outbreak, I may be temporarily excluded from Dominican University facilities and approved activities (including but not limited to housing, if applicable). I agree to comply with these restrictions and accept responsibility for communicating with the Health Center as appropriate to allow compliance with health and safety requirements for unvaccinated individuals. I further understand that restrictions from Dominican University facilities, including but not limited to classes and living and work spaces, does not entitle me to any reduction in tuition, housing charges, or other University fees or any other fees.
	Should I contract Covid-19, I will immediately contact the Health Center and comply with all isolation and quarantine procedures specified by Dominican University regardless of the presence of any symptoms. I will remove myself from the Dominican University campus and find temporary accommodation at my own expense, if applicable.
	I understand and agree to comply with and abide by all Dominican University Covid-19 policies and procedures.
	I understand that this exemption is only valid for one academic semester. I am aware that I am required to submit a new request for any subsequent change, new medical contraindications, or on expiration of an approved exemption.
	I understand that vaccine exemption by the University does not imply exemption for off-campus obligations such as clinical hours, field experience, student teaching, or other programming affiliated with our partner sites.
	I certify that the information I have provided on and in connection with this request is accurate and complete as of the date of this submission. I understand this exemption may be revoked and I may be subject to Dominican University disciplinary action if any false information has been used to request an exemption.

Name: \_\_\_\_\_ ID# (If applicable): \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ DUNY Email: \_\_\_\_\_