UNIVERSITY OF THE DISTRICT OF COLUMBIA

RELIGIOUS EXEMPTION REQUEST FORM

To request an exemption from receiving the COVID-19 vaccination for religious beliefs and practices, please complete this form and return to the University Health Services (Students ONLY) **or** Office of Human Resources (Employees ONLY).

Name: _____ Department: _____

Date of request: _____

Immediate supervisor: _____

Length of time the exemption is needed: _____

Please provide a statement explaining the religious belief or practice that necessitates this request for exemption. Please state why the COVID 19 vaccination requirement is contrary to your sincerely held religious practice or belief.

_____

_____

I have read and understand the University's policy on religious exemption. My religious beliefs and practices, which result in this request for a religious exemption are sincerely held. I understand that the University may request additional information in support of my request.

Employee/Student signature: _____ Date: _____

UHS USE ONLY

Date of initial request: __/__/__ Date certification received: __/__/__

Exemption request:

☐ Approved: __/__/__ Date Employee/Student Notified: __/__/__
Describe specific exemption details:
_____

☐ Denied __/__/____ Date Employee/Student Notified: __/__/__
Describe why exemption is denied:
_____

_____ Date: _____
University Health Services/Human Resources Designee