

**COVID-19 Vaccination Requirement
Religious Exemption Request Form
for Students**

Student Name: _____ Emory ID #: _____

SECTION 1: ACKNOWLEDGEMENT AND EXEMPTION REQUEST

Please write your initials next to “Acknowledged” to confirm that you have read and understand that statement.

Emory School of Medicine requires COVID-19 vaccination of our students to prevent COVID-19 and its complications, including death. Acknowledged _____.

Due to my role, I may give COVID-19 to my patients, my teammates, my family and/or friends, even if I have no symptoms. Acknowledged _____.

I have received education about the effectiveness of COVID-19 vaccinations, as well as possible adverse events. Acknowledged _____.

I cannot get COVID-19 from the COVID-19 Vaccine. Acknowledged _____.

I acknowledge my responsibility to request a religious exemption only if truly necessary and in line with my sincerely held religious belief, practice, or observance. Acknowledged _____.

Even though I can receive the COVID-19 vaccine at no charge to myself, I want a religious exemption. Acknowledged _____.

Do you provide direct patient care? (Please select a response): Yes _____ No _____.

Has Emory University or Emory Healthcare granted you an exemption from any other mandatory vaccine requirement in the past? Yes _____ No _____.

Reason for Religious Exemption – Please identify and explain the sincerely held practice, belief, or observance that explains why you need the exemption:

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In some cases, Emory School of Medicine will need supporting documentation about your religious practice(s), belief(s), or observance(s), such as oral statements, affidavits, or other documents from your religious leader(s) on why you are requesting the exemption. If asked, can you provide this documentation set forth below in Section 2? Yes _____ No _____.

I verify that the above information is complete and accurate to the best of my knowledge. I understand that any intentional misrepresentation may result in disciplinary action. Acknowledged _____.

I understand that my request for an exemption may not be granted if it is unreasonable, creates undue risk to patient safety or if it creates an undue hardship on my school. Acknowledged _____.

SECTION 2: ADDITIONAL SUPPORTING DOCUMENTATION

Please complete this section *if* you have been requested to provide Supporting Documentation.

To be completed by Student:

[] I certify that it is a practice, belief, or observance of my church or religious organization not to receive the COVID-19 vaccine.

Please provide documentation from your church or religious organization describing the religious belief, observance, or practice that conflicts with the COVID-19 vaccine requirement. This documentation can take many forms, one of which could be, but is not required to be, the attestation below.

Student Name: _____ Emory ID #: _____

To be completed by Religious Leader or Authority:

Dear Religious Leader/Authority:

The Emory School of Medicine student listed above requests a religious exemption from the COVID-19 vaccine. In the space below, please explain why this student should receive an exemption based on their sincerely held religious practice(s), belief(s), or observance(s).

Date: _____

Name of Religious Leader/Authority (print): _____

Signature of Religious Leader/Authority: _____

Title: _____

Name of Religious Organization: _____

Phone Number: _____

Email Address: _____ Date: _____

Please upload completed form in the School of Medicine exemption application.