Student Name: ____________________________  Student ID #: __________________________

School: ____________________________________________________________________________

Anticipated Year of Graduation:
__________________________________________________________________________________

SECTION 1: ACKNOWLEDGEMENT AND EXEMPTION REQUEST

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

Emory University requires COVID-19 vaccination of our students to minimize the transmission of COVID-
19 and its complications, including death. Acknowledged ________.

By interacting with others in person, I could transmit COVID-19 at work to students, co-workers, and
outside of work to my family and/or friends, even if I have no symptoms. Acknowledged ________.

I have received education about the effectiveness of COVID-19 vaccines, as well as possible side effects.
Acknowledged ________.

I understand that I cannot get COVID-19 from the COVID-19 vaccine. Acknowledged ________.

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

I acknowledge my responsibility to request a religious exemption to this vaccine requirement only if
necessary and based in my sincerely held religious belief, practice, or observance. Acknowledged
________.

I understand that my request for an exemption may not be granted if it is unreasonable or creates an
undue risk or hardship for my school. Acknowledged ________________.

Do you interact in person with students, staff, or faculty at work? Please respond: Yes ____ No______.

Has Emory University Student Health Services ever granted you an exemption from any mandatory
vaccine requirement in the past? Yes ________________ No______________

Reason for Religious Exemption: Please identify and explain the sincerely held religious belief or practice
that is the basis for your requesting this religious exemption:
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
In some cases, Emory University 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 safety or if it creates an undue hardship on my employer. Acknowledged

SECTION 2: ADDITIONAL SUPPORTING DOCUMENTATION

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

To be completed by Student:

Emory University Student Name: ______________________________________________________

[ ] 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.

To be completed by a Religious Leader or Authority:

Dear Religious Leader/Authority:

The Emory University student listed above is requesting a religious exemption from the university COVID-19 vaccine requirement. In the space below, please explain how this request demonstrates a sincerely held religious belief, practice, or observance for this person and your advice on whether they should be granted this exemption.

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________
Name of Religious Leader/Authority (print):

Title:

Name of Religious Organization:

Phone Number:

Email Address:

Signature of Religious Leader/Authority:

Date:

Please visit the Vaccine Declination section in your Return to Campus portal, or visit: https://returntocampus.emory.edu/vaccine-declination, to upload this form and submit your request.