

University of Illinois Springfield

REQUEST FOR RELIGIOUS EXEMPTION FROM COVID-19 VACCINATION

The University of Illinois Springfield is committed to building an inclusive and welcoming campus environment.

If your religious beliefs or practices conflict with the UIS COVID-19 vaccination requirement, please provide the following information.

Please print the following information:

Name: _____ **Date of Birth:** _____

Email: _____ **Phone No.:** _____

Please explain in your own words why you are seeking a religious exemption, the religious principles that guide your objection to immunization, and please indicate whether you are opposed to all immunizations, and if not, the religious basis on which you object to COVID-19 immunizations. General philosophical or moral reluctance to allow immunizations will not provide a sufficient basis for an exception to policy requirement. (You may **attach additional written pages or other supporting materials if you so choose.**)

Verification and Accuracy

I affirm that the above information I have provided is complete and accurate. I understand that, if granted an exemption, I must comply with all mitigation measures required of me by the University. Such measures include but are not limited to: participating in periodic COVID-testing at a frequency determined by the University, wearing face covering in settings determined by the University (i.e. classrooms, labs. etc.) and maintaining certain physical distancing as determined by the University. I understand that I may be required to curtail certain activities if the University determines that participation of unvaccinated individuals presents an unreasonable risk to the campus community. I agree that should I contract a vaccine preventable disease, I will hold the university harmless and will comply with any and all limitations placed upon me by the University of Illinois or public health officials. I understand that my request for an exemption may not be granted or may be rescinded if it creates an undue hardship for the University. I understand that any intentional misrepresentation contained in this request may result in disciplinary action up to and including dismissal.

Signature: _____ **Date:** _____

Print Name: _____ **UIN:** _____

Signature of Parent or Guardian (if <18 years old) _____

Print Name: _____ **Date:** _____

Confidentiality of Information Provided

Requests for exemptions and any documents provided will be kept confidential and shared only with those university employees who have a need to know.

Summary of Next Steps

1. This request will be reviewed and acknowledged by UIS Health Services. Additional information may be requested.
2. After review, you will be notified of the decision regarding your requested religious exemption.
3. If you are granted a religious exemption, you will be required to undergo COVID-19 testing in addition to observing all COVID-19 health and safety protocols and will be informed of any additional requirements.