**University of Oregon**

**Religious Exemption Request Form for COVID-19 Vaccine**

**Instructions:** Please refer to the Oregon Health Authority’s [Instructions for filling out the COVID-19 Religious Exception Request Form](https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le3871a.pdf). If you are requesting an exception from the COVID-19 vaccination requirement for religious reasons you must fill out this form and submit it.

I am requesting an exemption from the COVID-19 vaccination on the basis of a sincerely held religious belief.

Receiving the COVID-19 vaccination conflicts with my religious observances, practices or beliefs as described below.

Please describe your religious belief and how it affects your ability to receive a COVID-19 vaccination.

Please note that if your exception request is approved, you may be required to take additional steps to protect you and others from contracting and spreading COVID-19. Workplaces are not required to provide this exception accommodation if doing so would pose a direct threat to the excepted individual or others in the workplace or would create an undue hardship.

I certify the above information to be true and accurate and that I sincerely hold the religious beliefs described above.

First and Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

As of October 5, 2021, the content of this form is derived from the Oregon Health Authority form, available at <https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le3871.docx>.