

# Application for Religious Exemption to the COVID-19 Vaccine

Last Name:

First Name:

Middle Initial:

A#:

**NOTICE:** An employee is exempted from Evergreen's COVID-19 vaccination requirement when this completed form is submitted and approved by Evergreen Human Resource Services. An exempted employee must abide by Evergreen health and safety measures for unvaccinated individuals. In the event of a COVID-19 outbreak on campus, unvaccinated employee may be excluded from campus, including work for the duration of the outbreak. Talk with your supervisor about telework options, and consult Evergreen Human Resource Services, if you believe you need an accommodation

## Employee Religious Declaration and Acknowledgment of Risk

The required COVID-19 vaccines are in conflict with my truly and sincerely held religious beliefs. I have discussed the benefits and risks of immunization from COVID-19 with my health care practitioner (signed below). I agree to comply with all mitigation, health and safety measures for unvaccinated individuals on campus as outlined by the college. I understand that it is my responsibility to comply fully with these measures in order to maintain my own and others' health and safety. In the event of a COVID-19 case or outbreak on campus, I agree to comply with The Evergreen State College's quarantine or isolation procedures as recommended by the Center for Disease Control and Prevention and state and local health departments. I understand that I may be excluded from in-person activity at Evergreen for the duration of an outbreak and that this may result in leave from work, and absence from other activity at Evergreen for the duration of the exposure risk. I may be taking part in campus activities as an unvaccinated individual during the COVID-19 pandemic, and acknowledge the risk that I may contract this disease in the course of normal in-person activity at Evergreen. I will successfully complete any COVID-19 education material required by Evergreen before beginning any in-person activity. The information on this form is complete and correct.

## Narrative explanation/reasoning to support religious exemption:

You may use the second page of this form if needed

X

Full Name (print)

Signature

Date

## Health Care Practitioner Declaration

I declare that I have discussed the benefits and risks of COVID-19 vaccination with this individual. I certify I am a qualified MD, ND, DO, ARNP and the information provided on this form is complete and correct.

Licensed Health Care Practitioner Name (print)

☐ MD ☐ ND ☐ DO ☐ ARNP ☐ PA

Licensed Health Care Practitioner Signature

Date

State/License # \_\_\_\_\_

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