



## **SCU Faculty & Staff Request for Religious Exemption from COVID-19 Vaccination**

SCU requires all faculty and staff to be vaccinated against COVID-19. Faculty and staff may request a religious accommodation in connection with the University's vaccine mandate if they have a sincerely held religious belief, practice, or observance that is contrary to the practice of immunization.

Full Name: \_\_\_\_\_

SCU ID #: \_\_\_\_\_

Please describe below your sincerely held religious beliefs, practice, or observance and how these conflict with or are contrary to immunization from COVID-19. This explanation should include enough detail that supports your request for this exemption.

By signing this declaration, I verify my request for exemption from the COVID-19 vaccination on the basis of my genuine and sincerely held religious belief, practice, or observance.

I have read the [Centers for Disease Control and Prevention](#) education materials explaining COVID-19 and vaccines. I understand the benefits and the risks of the COVID-19 vaccines.

- I consent to the university advising my supervisor of my vaccination status and understand my supervisor may ask me about my vaccination status to ensure compliance with health and safety regulations and protocols.
- I understand the risk of contracting COVID-19.
- I understand the risk of transmitting COVID-19 to others.
- I understand that infectious illness can spread easily in a school environment. I understand that being unvaccinated can put me, and possibly others, at greater risk of serious personal illness and/or medical complications, including death, that may result from an infectious illness outbreak.
- I understand that by remaining unvaccinated, I am subject to current health and safety requirements pursuant to local, state, and/or federal health orders as well as health and safety protocols established by SCU. These may include but are not limited to continued COVID-19 testing; symptom check and screening; face masks; and physical distancing, isolation, and/or quarantining requirements. Information regarding any required

precautions will be made available by SCU and may be modified, updated, or replaced from time to time as circumstances and legal requirements evolve. Information reflecting my immunization status may be used by SCU for these purposes.

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

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