

# RELIGIOUS BELIEFS EXEMPTION - Vaccination Requirement

## NON-MEDICAL EXEMPTION FOR RELIGIOUS BELIEFS

Employees & Students may request a non-medical exemption for Religious Beliefs.

**Instructions:** To request a non-medical exemption, please fill out and sign the form. You may submit additional supporting documentation, as listed below. Once completed, please do one of the following:

- **Drop Off** the completed form to the HR Office, University Hall, C210 **OR**
- **Mail** the completed form to Heidelberg University, attn: HR, 310 E. Market St., Tiffin, OH 44883

The exemption request will be reviewed on a case-by-case basis by Human Resources. Human Resources will interact with the employee/student about the request, as needed.

The University reserves the right to request additional supporting documentation regarding the request, or to not review request forms that are incomplete.

Last Name _____		First Name _____	
Department _____	Email _____	Phone _____	
Select One:	Employee _____	Student _____	

The above-named requests an exemption from the COVID-19 Vaccination Requirement.

1. If HU provides you with a non-medical exemption from the COVID-19 Vaccination Requirement, HU may consider and require additional health and safety procedures, including mask obligations, physical distancing, and testing requirements. I acknowledge that if my request for an exemption is granted, I will need to comply with such additional safety procedures as instructed by HU.

2. I verify that the information I am submitting to substantiate my request for a non-medical exemption is true and accurate to the best of my knowledge.

The above-named understands that by submitting the Heidelberg University Non-Medical Exemption Form for the COVID-19 vaccine required by the HU Vaccination Requirement and if the exemption is granted, the employee/student assumes the risk of not receiving the vaccine, including but not limited to illness, health effects, or other consequences related to the imposition of health and safety protocols.

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

**Support For Exemption from COVID-19 Vaccination Requirement for Religious Beliefs**

The above-named requests the following religious belief exemptions:

Please describe your sincerely held religious belief that prevents you from complying with the HU Vaccination Requirement:

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Please answer the following questions:

1. Do your religious beliefs prevent you from receiving vaccinations or other medical interventions, and/or prevent you from receiving a particular vaccination?

Yes       No

Please describe:

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2. Have your religious beliefs prevented you from receiving other vaccinations in the past?

Yes       No

If you checked No, please explain why the COVID-19 vaccine differs from the other vaccinations you have received, and why those vaccinations did not conflict with the religious, moral or ethical belief you described:

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3. Are your religious beliefs a specific tenet of your religion?

Yes       No

If you checked Yes, please describe:

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If you checked No, please describe how your religious, moral or ethical belief, or other special personal circumstances relate to your request for a non-medical exemption from the vaccination requirement:

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4. Please provide any additional information you believe would be helpful to HU in evaluating the request for a non-medical exemption from HU's Vaccination requirement:

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5. Name and contact information of the person's spiritual leader:

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While not required, you may choose to provide any supporting documentation of your sincerely held religious beliefs that prevent you from complying with the HU COVID-19 Vaccination Requirement and/or any additional information you believe may be of assistance as we review your request for non-medical exemption from the HU COVID-19 Vaccination Requirement.

After your request has been reviewed and processed, you will be notified in writing if your request has been granted. Individuals may reapply if new documentation and information should become available to support a non-medical exemption.

**For religious exemption requests, a notary public must complete the following:**

**REQUIRED FOR RELIGIOUS EXEMPTION**

**ACKNOWLEDGEMENT CERTIFICATE**

State of Ohio, County of \_\_\_\_\_; The foregoing instrument was acknowledged before me on this \_\_\_\_\_ (date) \_\_\_\_\_ (printed name)

\_\_\_\_\_  
Signature of Notary Public, State of Ohio

\_\_\_\_\_  
Date commission expires

(Notary Seal)

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For HR Use:

Date Form Received: \_\_\_\_\_ Approved \_\_\_\_ Not Approved \_\_\_\_

Date Form Returned to Employee/Student: \_\_\_\_\_