COVID-19 Vaccination Requirement
Student Religious Exemption Request Form

Student Name: ___________________________ Emory ID #: _______________________

School of Enrollment: ______________________ Academic Major/Program of Study: ________________

SECTION 1: ACKNOWLEDGEMENT AND EXEMPTION REQUEST

Please write your initials next to “Acknowledged” to confirm that you have read and understand that statement.

Emory University requires COVID-19 vaccination of our students to prevent COVID-19 and its complications, including death. Acknowledged _________.

By interacting with others in person, I could transmit COVID-19 at work to other students, and faculty and staff, and outside of campus to my family and/or friends, even if I have no symptoms. Acknowledged _________.

I have received education about the effectiveness of COVID-19 vaccinations, as well as possible adverse events. Acknowledged _________.

I cannot get COVID-19 from the COVID-19 Vaccine. Acknowledged _________.

I acknowledge my responsibility to request a religious exemption only if truly necessary and in line with my sincerely held religious belief, practice, or observance. Acknowledged _________.

Even though I can receive the COVID-19 vaccine at no charge to myself, I want a religious exemption. Acknowledged _________.

In your role as a university student, do you provide direct patient care? Yes _____ No _____.

Has Emory University or Emory Healthcare granted you an exemption from any other mandatory vaccine requirement in the past? Yes __________ No __________.

Reason for Religious Exemption – Please identify and explain the sincerely held practice, belief, or observance that explains why you need the exemption:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

In some cases, Emory University will need supporting documentation about your religious practice(s), belief(s), or observance(s), such as oral statements, affidavits, or other documents from your religious leader(s) on why you are requesting the exemption. If asked, can you provide this documentation set forth below in Section 2? Yes __________ No __________.
I verify that the above information is complete and accurate to the best of my knowledge. I understand that any intentional misrepresentation may result in disciplinary action. Acknowledged__________________.

I understand that my request for an exemption may not be granted if it is unreasonable, creates undue risk to safety or if it creates an undue hardship on my school. Acknowledged__________________.

SECTION 2: ADDITIONAL SUPPORTING DOCUMENTATION

Please complete this section if you have been requested to provide Supporting Documentation.

To be completed by Student:

Emory University Student Name: _____________________________________________________

[ ] I certify that it is a practice, belief, or observance of my church or religious organization not to receive the COVID-19 vaccine.

Please provide documentation from your church or religious organization describing the religious belief, observance, or practice that conflicts with the COVID-19 vaccine requirement. This documentation can take many forms, one of which could be, but is not required to be, the attestation below.

To be completed by a Religious Leader or Authority:

Dear Religious Leader/Authority:

The Emory University student listed above is requesting a religious exemption from the university COVID-19 vaccine requirement. In the space below, please explain how this request demonstrates a sincerely held religious belief, practice, or observance for this person and your advice on whether they should be granted this exemption.

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Name of Religious Leader/Authority (print):

Title:

Name of Religious Organization:

Phone Number:

Email Address:

Signature of Religious Leader/Authority:

Date:

Please visit the Vaccine Declination section in your Return to Campus portal, or visit: https://returntocampus.emory.edu/vaccine-declination, to upload this form and submit your request.