



COVID-19 Vaccination Employee Religious Exemption Application

Directions: Please complete and sign Sections 1 and 2. Section 3 must be signed in the presence of a notary. Please email the completed form to covidexemptions@converse.edu.

PLEASE NOTE: This form is an application for an exemption. This exemption must be approved by the University. You will receive an email containing your final approval.

SECTION 1: COVID-19 Vaccine Declination Statement

Employee name: _____ Date of birth: _____

I understand that COVID-19 is a potentially serious disease, and that currently available vaccines greatly reduce the likelihood of developing serious illness if I contract COVID-19. The CDC, the South Carolina Department of Health and Environmental Control, and the Converse University Wellness Center strongly recommend the COVID-19 vaccine. I understand that by declining this vaccine, I will continue to be at higher risk of acquiring COVID-19. I understand that I will be required to follow University policies and procedures regarding risk mitigation (e.g., masking, testing, isolation, quarantine, etc.). In the event that I am required to enter isolation or quarantine, I understand that I will be temporarily removed from all campus activities including on-campus work until my isolation or quarantine period is complete. The duration of any quarantine or isolation periods will be in accordance with CDC guidance and University policy.

Employee signature

Date

SECTION 2: Description of Religious Objection

Converse University grants exemptions from vaccination to employees whose sincerely held religious beliefs are in conflict with components of a vaccine and/or the practice of vaccination. Under federal law (29 CFR § 1605.1), sincerely held religious beliefs “include moral or ethical beliefs as to what is right and wrong which are sincerely held with the strength of traditional religious views.” Certain beliefs do not qualify for protection as a religion; for example, social, political, or economic philosophies, as well as general personal preferences, even if strongly held, are not religious beliefs protected under federal law.

Please describe the specific religious principles, beliefs, practices, and/or observances that you follow that are in conflict with the components of a vaccine and/or practice of immunization. This description should be thorough and detailed enough that the University can determine if these beliefs are sincerely held and consistently guide and influence your life. Below are questions that you may choose to address:

- Identify the religion or religious beliefs that you adhere to.
- Describe the specific religious principles, practices, and/or observances that are guiding this objection.
- Are you opposed to components of one or more specific vaccines, and/or are you opposed to the practice of vaccination? If you are opposed to components in one or more vaccines, please list the component(s) and which vaccine(s) they are in.
- Indicate whether you are opposed to all immunizations, and if not, the religious basis that prohibits the specific vaccination(s) that you are requesting exemptions from.

If an employee has not provided enough information regarding their religious beliefs and how they guide their objection to components of a vaccine and/or the practice of vaccination, the employee may be asked to provide additional information to clarify and/or confirm the nature of these beliefs before this request is granted.

CONTINUE TO NEXT PAGE

Employee name: _____ Date of birth: _____

SECTION 3: Statement of Religious Objection (The employee should sign the statement below in the presence of a notary.)

By signing below, I am acknowledging that I am requesting an exemption from the required vaccine(s) listed above, as they would be contrary to my genuine and sincerely held religious beliefs as described above.

Employee signature _____
Date

State of _____

County of _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20_____

by _____

Signature of Notary Public

Printed Name of Notary Public

SEAL

My commission expires: _____

Signer's identity verified in the following manner:

- Personally known
- Credible witness (if permitted)
- Produced satisfactory identification

Type of identification: _____