

COVID-19 VACCINATION STUDENT RELIGIOUS ACCOMMODATION REQUEST

The University of Washington will provide reasonable accommodation to qualified applicants with sincerely held religious belief(s), practice(s), or observance(s), unless providing such accommodations would pose an undue hardship.

- **Section 1 of this form is required for all students** requesting a COVID-19 vaccination religious exemption and must be completed by a licensed health care provider (MD, DO, ND, ARNP, or PA).
- Section 2 of this form is required only for **students who participate in the UW Health Sciences Immunization Program (HSIP)**.

Patient Name (print): _____ **DOB:** ____/____/____

Student's UW NetID: _____ **Student UW ID#:** _____

Health Sciences Immunization Program (HSIP) student:

- Yes** (Sections 1 and 2 required)
 No (Section 1 required)

SECTION 1: UW COVID-19 VACCINATION MEDICAL COUNSELING

NOTE: For students in UW Health Sciences Immunization Program (HSIP), the provider completing the form must be licensed in the state of Washington if the HSIP student's practicum sites are within Washington state.

Dear Provider,

University of Washington's goal is that 100% of our students are vaccinated against COVID-19. It is recognized that some students may have a deeply held religious belief that is in conflict with COVID-19 vaccination and choose to claim an exemption for religious reasons. It is important that such individuals fully understand the risks of being unvaccinated. They are required to review the risks of lack of vaccination and potential COVID-19 infection with a licensed healthcare provider and to document the medical counseling, as noted below.

Please complete the first page of this form and return it to your patient, who will submit it according to the instructions below.

Health care provider declaration:

I have discussed with the student named above the benefits of the COVID-19 vaccine and the risks of not receiving the COVID-19 vaccine. I am a qualified MD, DO, ND, ARNP, or PA, and the information provided on this form is complete and correct.

Date: ____/____/____

Provider signature: _____ Printed Name: _____

Select your license type: MD DO ND ARNP PA

License #: _____ State: _____ NPI #: _____

Name of medical facility: _____

Address: _____ Phone number: _____

SECTION 2: REQUIRED ONLY FOR STUDENTS WHO PARTICIPATE IN THE UW HEALTH SCIENCES IMMUNIZATION PROGRAM (HSIP)

Instructions for HSIP student: Please complete this section of the religious accommodation request form in addition to the above provider portion and submit as soon as possible. A delay may cause your form not to be reviewed in time to become fully vaccinated prior to the deadlines set by proclamation [21-14.1](#), which requires all health care workers, including student trainees, in Washington health care settings to be fully vaccinated by October 18, 2021.

1. Describe below the religious belief, practice, or observance that you believe necessitates this request for accommodation. You will be able to submit additional documentation after completing this form.

2. Please explain how your sincerely held religious belief, practice, or observance prevents you from receiving an authorized COVID-19 vaccination, including how long you have held these beliefs. You will be able to submit additional documentation after completing this form.

3. Have you ever received a vaccine or medicine from a health care provider as an adult? **Yes** **No**
4. Do your religious beliefs include objections to other vaccines and/or other medicine? **Yes** **No**

If yes, please explain. Please attach additional pages if needed to document the full response.

5. If the request for accommodation is temporary, please enter the anticipated date the accommodation is no longer needed. _____
6. The University may need to obtain additional information and/or documentation about your religious practice(s) or belief(s). This may include discussing the nature of your religious belief(s), practice(s) and accommodation with your religion's spiritual leader (if applicable) or religious scholars to address your request for an exemption.

If requested, can you provide documentation to support your belief(s) and need for an accommodation? **Yes** **No**

If no, please explain why below.

SUBMISSION INSTRUCTIONS

All students, except UW Health Sciences Immunization Program (HSIP), seeking a religious exemption must submit this form with Section 1 completed to Hall Health Center at uw.edu/studentreligiousexemption.

Contact [Hall Health Center](#) with questions at covidvaxrequirement@uw.edu or 206.616.4743.

Students who participate in the HSIP must submit this form with BOTH Sections 1 AND 2 completed to myshots@uw.edu.

If HSIP students have already submitted an exemption request form to Hall Health Center, please also submit it to myshots@uw.edu.

UW HSIP OFFICIAL USE ONLY

Approved Denied More information requested:

Reviewing Office:

- Hall Health Center
- EH&S Health Sciences Immunization Program

Date: _____