HEALTH SCIENCES IMMUNIZATION PROGRAM (HSIP) PARTICIPANT RELIGIOUS ACCOMMODATION REQUEST FOR REQUIRED VACCINES

This form is explicitly for students enrolled in Health Sciences and Speech and Hearing Sciences programs who are required to participate in the Health Sciences Immunization Program (HSIP). It is the University of Washington's (UW) goal that all students in HSIP participating schools/programs remain compliant with the HSIP vaccine requirements. HSIP requirements are in accordance with the CDC Guidelines for Healthcare Workers and UW affiliation agreements with practicum sites. The University recognizes that some students may have a sincerely held religious belief that is in conflict with the vaccine requirements and wish to request a religious exemption. The University may provide reasonable accommodation to qualified applicants with sincerely held religious belief(s), practices(s), or observances(s), unless providing such accommodations would pose a substantial undue hardship on the University.

Student Name (print):	School/Program:
JW Student NetID:	UW Student ID#:
SECTION 1: SINCERELY HELD RELIGIOUS BELIEF REQUEST FOR ACCOMMODATION	PRACTICE, OR OBSERVANCE NECESSITATING THIS
Describe the religious belief, practice, or observance of the receiving an HSIP-required vaccination.	e that you believe necessitates this request for accommodation and prevents
By requesting a religious exemption for vaccination, vourself and others with a communicable disease(s)	CCOMMODATION commodation understand and acknowledge the risks of being unvaccinated. , and remaining unvaccinated, you have an increased risk of infecting for which you are unvaccinated, which in turn may lead to additional hospitalization and/or death to you or those you come in contact with,
accommodation can be made for unvaccinated stud exemption, students may still need to complete an a	Speech and Hearing Sciences (SPHSC) schools/programs to determine whether dents seeking a religious exemption. If approved for a vaccine religious additional exemption process for certain practicum sites. You are required to status and must adhere to their requirements for unvaccinated students. inated students at their discretion.
diverse practicum sites. Each school/program will devaccine religious exemption while maintaining equitopportunities. I understand that in the event my schoultiple diverse sites that I may not be accommoda	ted to providing students with a breadth of practicum experiences at multiple etermine whether they can provide these experiences to accommodate a table access for all students to experience a variety of practicum sites and nool/program is unable to provide a deep breadth of practicum experiences at sted, and this may interfere with my ability to progress academically in the for any granted vaccine exemption accommodation. If continued offer a leave of absence.
SECTION 3: VACCINE(S) FOR WHICH YOU A	ARE SEEKING A RELIGIOUS ACCOMMODATION

Indicate which vaccine(s) you are seeking a religious accommodation. Vaccine/disease titers and TB screening are not eligible for an exemption. CastleBranch accounts and HSIP fees are still applicable even if an exemption is accommodated. Vaccine/disease titers may be required if a vaccine exemption is approved to determine immunity status. HSIP will determine if a titer is required

based on specific vaccine exemption.

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SECTION 4: STUDENT ACKNOWLEDGEMENT & SIGNATURE

understand that if relevant circumstances change, including changes to policies and/or public health and safety considerations (such as an outbreak of a vaccine-preventable disease), my accommodation may need to be revisited. Student Signature: Submit the completed, signed form to HSIP via myshots@uw.edu. HSIP will forward the form to the appropriate designated program executive. The designated program executive will contact the student and HSIP with the accommodation determination. SECTION 5: TO BE COMPLETED BY DESIGNATED PROGRAM EXECUTIVE ONLY Your request for a religious exemption from the HSIP vaccine requirement was reviewed within the context of conditions imposed by clinical training sites for your school/program. This request was: ■ Approved □ Denied Comments/Additional accommodation requirements (if applicable): Program Executive (print):_______Date:______ Program Executive Signature: **SECTION 6: STUDENT ACCOMMODATIONS AGREEMENT** I agree with and will abide by the accommodations for this approved vaccine religious exemption. I will adhere to other training site requirements and comply with (or seek exemption from) other immunization requirements and processes that relate to my UW student status. Date: _____ Student Signature:

By signing, I attest to a sincerely held religious belief, practice, or observance that I believe necessitates this request for religious exemption from vaccination and accommodations. I have read and agree to Section 2, Recognition of Risk and Accommodation. I

Once processed by their school/program, the student must submit this completed form with all signatures to HSIP (myshots@uw.edu) as proof of their exemption status – this will fulfill their compliance needs and prevent penalties and registration blocks related to the waived vaccine requirement.

This form is to be retained by the Health Sciences (HS) or Speech and Hearing Sciences (SPHSC) school/program as a record of the student's accommodation request, evaluation, and approval/denial. This record must be maintained per the University's record retention schedule requirements for student records (6 years after the end of calendar year of last quarter enrolled).