

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:** _____

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

SECTION 1: SINCERELY HELD RELIGIOUS BELIEF, PRACTICE, OR OBSERVANCE NECESSITATING THIS REQUEST FOR ACCOMMODATION

Describe the religious belief, practice, or observance that you believe necessitates this request for accommodation and prevents you from receiving an HSIP-required vaccination.

SECTION 2: RECOGNITION OF RISK AND ACCOMMODATION

It is important that individuals seeking religious accommodation understand and acknowledge the risks of being unvaccinated. By requesting a religious exemption for vaccination, and remaining unvaccinated, you have an increased risk of infecting yourself and others with a communicable disease(s) for which you are unvaccinated, which in turn may lead to additional medical consequences including infection, disease, hospitalization and/or death to you or those you come in contact with, including patients.

It is the responsibility of the Health Sciences (HS) & Speech and Hearing Sciences (SPHSC) schools/programs to determine whether accommodation can be made for unvaccinated students seeking a religious exemption. If approved for a vaccine religious exemption, students may still need to complete an additional exemption process for certain practicum sites. You are required to notify each practicum facility of your unvaccinated status and must adhere to their requirements for unvaccinated students. Practicum sites may decline participation of unvaccinated students at their discretion.

The HSIP participating schools/programs are dedicated to providing students with a breadth of practicum experiences at multiple diverse practicum sites. Each school/program will determine whether they can provide these experiences to accommodate a vaccine religious exemption while maintaining equitable access for all students to experience a variety of practicum sites and opportunities. I understand that in the event my school/program is unable to provide a deep breadth of practicum experiences at multiple diverse sites that I may not be accommodated, and this may interfere with my ability to progress academically in the school/program. An annual review will be required for any granted vaccine exemption accommodation. If continued accommodation is not available, your program may offer a leave of absence.

SECTION 3: VACCINE(S) FOR WHICH YOU 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

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 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: _____ **Date:** _____

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.

Student Signature: _____ **Date:** _____

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).