



COVID-19 Vaccine Religious Exemption Form

For students in affiliate settings that require vaccination.

PID:

Name:

Program Associated with Vaccine Requirement:

Program Manager's Name and Contact Information:

Phone Number (enter with no dashes):

Religion and tenet(s) that prohibit vaccination:

___ I acknowledge that I am aware of the following facts regarding COVID-19:

- I work in a healthcare environment and that I may place others (patients, visitors, and co-workers) at risk if I work while infected with COVID-19.
- I understand that millions of people in the US have contracted COVID-19, with hundreds of thousands of deaths.
- The vaccine does not cause COVID-19 illness although I may experience some mild flu-like symptoms for a short period of time after I receive the vaccine.
- I can be infected by COVID-19 – but not feel ill – and pass the virus to vulnerable patients who are at risk of complications or death for COVID-19. I can also pass the virus to my family, friends, and co-workers.

___ I certify and confirm that my response is honest and accurate, and that I am requesting an exemption to the COVID-19 vaccination due to my sincerely-held religious belief or practice.

Signature (Electronic Signature Accepted)

Date

Once complete, this form should be sent to eoc-covid19@unc.edu.