

REQUEST FOR RELIGIOUS EXEMPTION FROM COVID-19 VACCINATION REQUIREMENT

Printed Name: _____ Date of Birth: _____

Rocket Number: _____

EMPLOYEE TO COMPLETE

The University of Toledo values diversity, equity, and inclusion. If your religious beliefs and/or practices conflict with the COVID vaccination requirement, please provide the following information, (*check Yes or No*):

1. Do you have direct care or contact with patients in any way? No Yes
2. Please explain, in your own words, why you are seeking a religious exemption (*use space below & use additional sheet if necessary*):

I have a sincerely held religious belief and request to receive an exemption to the vaccine requirement on this basis.

I verify that the above information is complete and accurate to the best of my knowledge, and I understand that any intentional misrepresentation contained in this request may result in disciplinary action.

When completed, please submit signed Exemption Form to: <https://utvaccinereg.utoledo.edu/>

Signature: _____ Date: _____

Questions should be directed to: The University of Toledo University Health Center,
Phone: 419.530.3451; Fax: 419.530.3499; email: <https://utvaccinereg.utoledo.edu/> Thank you.

UNIVERSITY HEALTH STAFF TO COMPLETE

University Health determination of exemption request: Accepted Not

Accepted Date decision communicated to student/employee: _____

Mechanism of communication: _____

Reviewer printed name: _____

Reviewer signature: _____ Date: _____