

University of Pennsylvania
Request for Religious Exemption from COVID-19 Vaccination
For Faculty, Staff and Postdoctoral Trainees

Full Name: (print) _____ Penn ID: _____

Job Title: _____

School/Center: _____ Department: _____

Email Address: _____ Phone Number: _____

Background Information: In order for the University of Pennsylvania to evaluate your request for religious exemption from COVID-19 vaccination, you are required to fully and accurately complete each question in this form. This form, along with any other information submitted in support of your request, will be maintained confidentially, except that the University may authorize certain employees and/or agents to review the information for purposes of addressing your exemption request.

The University will grant a religious exemption to the COVID-19 vaccination requirement for individuals who have sincerely held religious beliefs that preclude receiving COVID-19 vaccination. Please review the following:

Information regarding "Sincerely Held Religious Beliefs": Social, political or economic philosophies, or personal preferences are not considered religious beliefs. Religious beliefs include beliefs arising from traditional, organized religions, although a person can have religious beliefs that are consistent or inconsistent with a religious group to which they belong. Beliefs may also be independent of any religious group, although in that case, the beliefs are considered religious only if they are comprehensive in nature, as opposed to an isolated teaching, and they occupy a place in a person's life that is parallel to that filled by an organized religion or God, meaning they typically concern ultimate ideas about life, purpose and death. Religious beliefs must also be sincerely held. While a person's beliefs may change over time, inconsistent conduct can raise questions regarding the sincerity of a person's stated religious belief.

Questions. In order to evaluate your religious exemption request, please respond to the following:

1. Please describe the sincerely held religious belief that is precluding you from receiving COVID-19 vaccination.

2. Has your religious belief that is preventing you from receiving COVID-19 vaccination changed over time? Yes No

If Yes, please explain how it has changed, when it changed and why.

3. Does your religious belief prevent you from receiving all vaccines or only some vaccines? Please specify:

All Other Vaccines Some But Not All Other Vaccines Only the COVID-19 Vaccines

If your religious belief prevents you from receiving only specific vaccines, please explain why. (For example, if there is something about the way that some vaccines are developed or manufactured that prevents you from receiving them, please identify what that is.)

4. Have you received any vaccines over the past five years? Yes No

If Yes, please answer the following questions regarding the vaccines received during this time period:

a. Did you receive the flu vaccine for the 2020-2021 flu season? Yes No

b. Did you receive the flu vaccine between 2016 and 2020? Yes No

If Yes, during which years: _____

c. Have you received any other vaccines over the past five years? (This includes but is not limited to Tdap (tetanus, diphtheria, and pertussis), MMR (measles, mumps, rubella) and Varicella (chickenpox))? Yes No

If Yes, which vaccines did you receive and when did you receive them?

5. Have you ever been approved for any other type of religious accommodation during your employment with the University? Yes No

If Yes, please describe the accommodation that was approved, when this occurred and whether the accommodation is still in effect.

6. Does your religious belief that prevents you from receiving COVID-19 vaccination derive from a recognized religion? Yes No

If Yes, please answer the following questions:

- a. Please provide the name of the religion: _____
- b. Please indicate when you first began to practice this religion: _____
- c. Do you belong to an organization or group affiliated with this religion (e.g., church, mosque, synagogue, or other group)? Yes No

If Yes, indicate when you first affiliated with this organization or group:

If Yes, please also provide the following information regarding the organization or group.

Name: _____

Address: _____

Phone Number: _____

Website: _____

If No, please answer the following questions:

- a. Is the religious belief that prevents you from receiving COVID-19 vaccination part of a comprehensive belief system and not simply an isolated idea or teaching?
 Yes No
- b. Does your religious belief address fundamental questions regarding things such as life, death, the existence of a higher power, purpose or other imponderable matters?
 Yes No
- c. Are there any formal and external signs related to your religious belief, similar to the formal and external signs used by traditional religions – for example, formal services, ceremonies, teachers/leaders/clergy, structure and organization, observation of holidays, symbols or objects, clothing/religious garb, etc. Yes No

If you answered Yes to any of the above, please explain.

7. **[OPTIONAL]** You are invited to submit additional documentation supporting your application for exemption from the COVID-19 vaccination requirement based on a sincerely held religious belief. Additional documentation may include but is not limited to any of the following:
- a. Documentation from a leader within your religious organization (or organization equivalent to a religious organization) supporting your belief that your religion prevents you from receiving COVID-19 vaccination.
 - b. A personal statement that provides a more in depth description of your belief, its religious nature and why it prevents you from receiving COVID-19 vaccination.
 - c. A statement from someone who is familiar with your beliefs confirming how your religious belief prevents you from receiving COVID-19 vaccination.

Any additional documentation that you submit will be considered in conjunction with your exemption request.

Certification:

I hereby certify that the statements contained herein are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statement herein, I am subject to such penalties as may be prescribed by statute or ordinance, as well as to disciplinary or other appropriate action pursuant to University policy.

I understand that if my exemption request is granted, I will be required to comply with the University's requirements for faculty, staff and postdoctoral trainees with medical or religious exemptions from the University's COVID-19 vaccination requirement, consistent with public health guidance. Those requirements may include but are not limited to daily symptom attestation through PennOpen Pass, participating in twice weekly COVID-19 screening testing through Penn Cares testing, wearing a mask in all indoor spaces, and respecting physical distancing guidelines. I understand that I may be required to comply with additional obligations established by the University, my School or Center or public health officials. Based on my role and other health and safety considerations, I also understand that my work assignments and/or position could be impacted. These requirements may change or may be modified based on prevailing public health guidance in order to minimize the risk to me and to others.

Signature: _____ Date: _____

Return Completed Form to:
vaxexemptions@upenn.edu – or – use the secure drop box for Vaccine Exemption Requests in the
Franklin Building lobby (3451 Walnut Street)