



SEATTLE UNIVERSITY APPLICATION FOR COVID-19 VACCINATION EXEMPTION FORM

EMPLOYEE INFORMATION:		
Name:	Employee ID Number:	Date:
Manager Name:	Department:	

Instructions: Complete the application and attach requested documents and submit to Seattle University Human Resources:

Ellen Huelmann, Faculty & Staff Relations Program Manager (ehuelmann@seattleu.edu)

I am requesting an exemption from the COVID-19 vaccination required by Seattle University. I have: (a) read information about the Covid-19 vaccine, (b) had an opportunity to review the Policy, and (c) had an opportunity to ask questions. I understand the benefits and risks of the Covid-19 vaccine. **I am aware that I may be required to provide documentation to support my request for an exemption. I understand that my application will be reviewed and must be approved by Seattle University.** I further understand that if my request is approved, I will not receive the vaccination and that Seattle University Human Resources may follow-up with regard to this exemption request. **I understand the risks and possible outcomes of my decision to exempt myself and hereby release Seattle University and employees from any and all liability related to me waiving the SU immunization requirement.**

My request is based on the following:

1. **Medical:** Medical exemptions to immunization are available to those who have medical contraindications, precautions or other medical conditions/disabilities for which a licensed medical provider certifies that the individual is unable to receive the Covid-19 vaccine. Medical contraindications for immunizations are determined by the United States Centers for Disease Control ("CDC"). A contraindication is a condition in a recipient that increases the risk for a serious adverse reaction. A precaution is a condition in a recipient that might increase the risk for a serious adverse reaction or that might compromise the ability of the vaccine to produce immunity. Please have your licensed medical provider complete the certification form and submit it with this application.

2. **Religious:** A religious exemption to immunization may be granted as an accommodation based on an individual's sincerely held religious belief, practice or observance. Please attach an explanation of your sincerely held religious belief, including the religious principles that guide your objection to a COVID-19 vaccine, and how receiving a COVID-19 vaccine would violate your sincerely held belief.

Signature: Faculty/Staff	Date Signed
HUMAN RESOURCES: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved: _____ _____	Date Approved