

Request for Religious Immunization Exemption Form

Name: _____

ID#: _____ Email: _____ Phone: _____

SVA is committed to fostering a safe environment for all community members while providing equal education and employment opportunities without regard to any protected status. With respect to the COVID-19 vaccine, SVA complies with all laws protecting individuals with disabilities, medical conditions and sincerely held religious beliefs. When requested, the school will provide an exemption/reasonable accommodation for any known medical condition, disability or sincerely held religious belief which prevents the student, faculty member or employee from receiving a COVID-19 vaccine, provided the requested accommodation is reasonable and does not create an undue hardship for the school or pose a direct threat to the health or safety of its community members.

Religious exemptions must be requested annually. If approved, the exemption will remain in effect for the duration of the calendar year. Individuals with approved exemptions may request to recertify exemptions each year. The assigned expiration is at the sole determination of the School of Visual Arts.

Individuals with an approved exemption may be required to comply with additional testing and other preventive requirements. In the event of an outbreak on or near campus, individuals holding exemptions may be excluded from all campus facilities and activities, for their protection, until the outbreak is declared to be over.

Human resources will carefully review all requests, though approval is not guaranteed. Please allow at least 15 business days for your request to be processed and forwarded for review. After your request has been reviewed and processed, you will be notified, in writing, if an exemption has been granted or denied. The decision is final and not subject to appeals. Individuals are permitted to reapply if new documentation and information should become available.

In order to submit a request, please:

- **Read the CDC COVID-19 Vaccine Information;**
- **Provide a personal written and signed statement detailing the religious basis of your objection, explaining why you are requesting this religious exemption, the religious principle(s) that guide your objections to immunization, and the religious basis that prohibits COVID-19 vaccination.**
- **Completed form (see next page)**
- **Obtain and submit documentation from your religious organization that must include all of the following:**
 - Religious leader's name (not related to you)
 - Religious leader's signature
 - Name, address, phone number, and email of the religious organization
 - Statement of certification that you are a member of the organization in good standing and hold a sincere religious belief
 - A detailed explanation from your religious organization supporting the basis of your faith/beliefs which are contrary to the practice of immunization or use of COVID-19 vaccines
- **Attach all supplemental materials; and**
- **Upload the completed documents via the process described.**
- **Send the completed form and supporting documentation to employee-covid-alert@sva.edu**

Please note SVA reserves the right to request additional supporting documentation at any time.

Note: incomplete submissions will not be reviewed. Be sure all forms and documentation are submitted at one time

Initial next to each of the statements below:

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| | I request exemption from the COVID-19 immunization requirement due to my genuine and sincere religious beliefs. I understand and assume the risks of non-immunization. I accept full responsibility for my health, thus removing liability from School of Visual Arts to the required immunizations. |
| | I understand that as I am not vaccinated, in order to protect my own health and the health of the community, I will comply with assigned COVID-19 testing requirements and other preventive guidance. |
| | I understand that in the event of an outbreak or threatened outbreak, I may be temporarily excluded or reassigned from SVA facilities and approved activities(including but not limited to SVA-owned housing). I agree to comply with these restrictions and accept responsibility for communicating with supervisors, and human resources. |
| | Should I contract COVID-19, I will <u>immediately</u> report it to SVA mailto:employee-covid-alert@sva.edu and comply with all isolation and quarantine procedures specified by the college and remove myself from the SVA community if so advised. |
| | I acknowledge that I have read the CDC COVID-19 Vaccine Information . |
| | I understand and agree to comply with and abide by all School of Visual Arts policies and procedures. |
| | I certify that the information I have provided in connection with this request is accurate and complete. I understand this exception may be revoked and I may be subject to SVA's disciplinary action if any of the information I provided in support of this exemption is false. |

Printed Name: _____ Date: _____

Signature: _____

ID#: _____ SVA Email: _____

Phone: _____