



APPENDIX C:

REQUEST FOR RELIGIOUS EXEMPTION FROM COMMUNICABLE INFECTIOUS DISEASE VACCINATION

Must be completed by the individual requesting exemption

Rutgers University is committed to protecting our personnel and patients from exposure to communicable infectious diseases at our school/institutes and therefore adopts the Centers for Disease Control and Prevention (CDC) recommendations.

- ❖ I understand that I may be at risk of acquiring a communicable infectious disease. In addition, I may spread a communicable infectious disease to patients, other health care personnel, and my family, even if I have no symptoms. This can result in serious infection, particularly in persons at high risk for communicable infectious diseases complications.
- ❖ I have also been given the opportunity to be vaccinated with a communicable infectious disease vaccine, at no charge to myself. However, I request a religious exemption from the Rutgers University Immunization Policy for Covered Individuals at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring a communicable infectious disease, potentially resulting in the transmission to patients and other personnel. If in the future I want to be vaccinated with a communicable infectious disease vaccine, I can receive the vaccine at no charge to me.
- ❖ I attest that if granted this exemption, I will wear a mask in accordance with the Rutgers University Immunization Policy for Covered Individuals.

Part 1: TO BE COMPLETED BY RUTGERS EMPLOYEE OR VOLUNTEER

Please check one: Employee Volunteer

Name: _____ Employee ID: _____

Date of Request: _____ Email Address: _____

School/Institute: _____

Department: _____

Immediate Supervisor: _____

Please check any that apply: Seasonal Influenza COVID-19 Other

Part 2: REQUIRED DOCUMENTATION

In order for us to process your request, please provide a description, in your own words, of the specific ways in which a communicable infectious disease vaccination conflicts with your religious beliefs. If there is other information supporting your exemption application, which you would like the University to consider, please submit that information with your description.

Part 3: VERIFICATION AND ACCURACY

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. I understand that I may be contacted, and I authorize my religious leader (if identified) to be contacted to provide further clarification. I also understand that my request for an exemption may not be granted if it is not reasonable.

- I have attached the required documentation as outlined in Part 2 of this form.

Signature: _____ Date: _____

Print Name: _____



Scan and email to FluReligiousExemption@rbhs.rutgers.edu for influenza vaccine exemptions and CovidReligiousExemption@rbhs.rutgers.edu for COVID-19 vaccine exemptions or as otherwise identified in writing by Rutgers. Incomplete forms will NOT be accepted. For those who do not have the ability to email and/or scan, please mail a copy to:

For Staff Employees:

RBHS Office of Clinical Affairs
Child Health Institute
89 French Street, Suite 4100
New Brunswick, NJ 08901

For Faculty Employees:

The Office of Academic Labor Relations
Rutgers University
178 Ryders Lane, Suite 308
New Brunswick, NJ 08901-8556

DESIGNATED OFFICE USE ONLY:

Religious Exception Approved on: _____ Approving Signature: _____

Approved Religious Exemption Forms (Appendix C) should be returned to employee's supervisor or other unit representative who is tracking vaccine compliance.