

COVID-19 Vaccination Religious Exemption for Faculty/Staff

Name: _____ Birth date ____ / ____ / ____ CCRI ID: _____
(Please print clearly) Month Day Year

Department: _____

I am aware of CCRI's COVID-19 vaccination policy.

I am being informed of the following:

Initial _____ COVID-19 is a serious disease that has killed more than 1,000,000 people in the United States.

Initial _____ COVID-19 vaccination is recommended for me and for all other members of the CCRI community to protect me and other members of the campus community from COVID-19 and its complications, including serious illness and death.

Initial _____ I cannot get COVID-19 from the COVID-19 vaccines.

I acknowledge the following:

Initial _____ CCRI must approve my exemption request and may require me to have a discussion with a CCRI representative prior to granting this exemption. The purpose of the discussion is not to assess religious beliefs, practices or observances but to review the exemption request and provide additional information as may be needed.

Initial _____ CCRI will require individuals who are not vaccinated against COVID-19 to follow additional health and safety precautions that are not required of vaccinated individuals.

I am requesting an exemption from COVID-19 vaccination because the vaccination would be contrary to my religious beliefs, practices or observances.

I understand that I can change my mind at any time and choose to be vaccinated against COVID.

Please provide a detailed statement describing how receiving the COVID vaccination would be contrary to your religious beliefs, practices or observances; you may attach additional sheets if necessary.

Include a telephone number and email address below where you can be reached to schedule a discussion.

Email address: _____ Telephone: _____

Signature: _____ Date: _____

Exemption forms must be completed and emailed to HumanResources@CCRI.edu.