

**REQUEST FOR RELIGIOUS EXEMPTION
2021 COVID-19 VACCINE**

Exemption Requests must be submitted no later than Septmeber 21, 2021. You will be notified by portal message as to whether or not your exemption request has been approved. If you do not have an active portal/email account, you will be contacted at the phone number you provide below. **NOTE: You must submit an exemption request for the COVID-19 vaccine even if you have submitted exemption requests for other vaccination requirements in the past.**

Please upload this completed form to the Student Health patient portal at https://studentwellness.uab.edu/login_directory.aspx by attaching it to a message to “**Coronavirus (COVID-19) Questions, Concerns, or Exemption Forms**”. Information will be kept confidential.

TRAINEE SECTION – COMPLETE THE FOLLOWING INFORMATION (PRINT)

Name (last, first) _____

School/Program _____

Best Phone Number _____

Email Address _____

Will you be providing direct patient care as part of your participation in a third-party placement?
 Yes No

Will you be working in an area where patient care is provided (e.g., unit or clinic) as part of your participation in a third-party placement?
 Yes No

Will you have contact with patients/visitors (e.g., registering, providing directions, taking payments) or healthcare workers as part of your participation in a third-party placement?
 Yes No

Will you be providing services to patients/visitors (e.g., food preparation, financial counseling, music therapy) as part of your participation in a third-party placement?
 Yes No

Do you understand that you will be asked to submit an application for religious exemption annually (having been approved for an exemption one year does not automatically mean your exemption will be approved another year)?
 Yes No

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, up to and including termination of my third-party placement. I also understand that my request for an exemption may not be granted if it is not reasonable or if it creates an undue hardship. I understand that my exemption has only been approved by UAB and it may also need to be approved by my third-party placement site/agency. I further understand my third-party placement/site may institute additional safety measures to limit the spread of COVID-19. Such safety measures may include regular or random COVID testing, usage of enhanced PPE, or other measures as determined necessary to provide a safe environment.

I understand that UAB Student Health Services will only share acquired vaccination records or information and/or my exemption status to comply with the law or with third-party agreements. I also understand that my progression in my program or field of study may be delayed if I do not comply with third-party immunization requirements or do not have an exemption.

Signature: _____

Date: _____

Print Name: _____