

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

This application must be completed and submitted no later than November 19, 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.

In addition to this exemption application, which must be completed, the Alabama COVID-19 Exemption Form is attached and available to you for completion. The Alabama COVID-19 Exemption Form is optional. If you choose to complete this additional form, it will be reviewed and evaluated as part of your exemption request.

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.

If you have a disability and need assistance completing this form, please contact Disability Support Services at dss@uab.edu or 205-934-4205 (voice) or (205) 934-4205 (TDD).

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?

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: _____

ALABAMA COVID-19 EXEMPTION FORM

Any individual in the State of Alabama who is subject to a requirement that he or she receive one or more COVID-19 vaccinations as a condition of employment may claim an exemption for medical reasons, because the vaccination conflicts with sincerely held religious beliefs, or both.

You may request either a medical or a religious exemption from the COVID-19 vaccination by completing this form and submitting the form to your employer.

In the event your employer denies this request, you have a right to file an appeal with the Department of Labor within 7 days. Your employer will provide you with information on how to file an appeal.

I am requesting exemption from the COVID-19 vaccine requirements for one of the following reasons: (check all that apply)

My health care provider has recommended to me that I refuse the COVID-19 vaccination based on my current health conditions and medications. (NOTE: You must include a licensed health care provider's signature on this form to claim this exemption.)

I have previously suffered a severe allergic reaction (e.g., anaphylaxis) related to vaccinations in the past.

I have previously suffered a severe allergic reaction related to receiving polyethylene glycol or products containing polyethylene glycol.

I have previously suffered a severe allergic reaction related to receiving polysorbate or products containing polysorbate.

I have received monoclonal antibodies or convalescent plasma as part of a COVID-19 treatment in the past 90 days.

I have a bleeding disorder or am taking a blood thinner.

I am severely immunocompromised such that receiving the COVID-19 vaccination creates a risk to my health.

I have been diagnosed with COVID-19 in the past 12 months.

Receiving the COVID-19 vaccination conflicts with my sincerely held religious beliefs, practices, or observances.

I hereby swear or affirm that the information in this request is true and accurate. I understand that providing false or misleading information is grounds for discipline, up to and including termination from employment.

[Redacted]

[Redacted]

Employee's Printed Name

[Redacted]

[Redacted]

Employee's Signature

[Redacted]

[Redacted]

Date

(Note: The following must be completed ONLY if claiming the first medical exemption listed above.)

Certification by a licensed health care provider as to the accuracy of information provided above:

[Redacted]

[Redacted]

Name of Health Care Provider

[Redacted]

[Redacted]

Signature of Health Care Provider

[Redacted]

Date