

COVID-19 VACCINATION RELIGIOUS ACCOMMODATION / STRONGLY HELD BELIEF REQUEST FORM

IOWA

To Be Completed By:
Employee/Practitioner/Student/Trainee/Volunteer/Service Provider

Name: _____

Department: _____

INSTRUCTIONS: Scan or capture an image of this completed form and attach it to the electronic request form.

Statement of Religious Accommodation/Strongly Held Belief

I have a sincerely held religious belief, practice, or observance that precludes me from receiving the COVID-19 vaccination, or receiving the COVID-19 vaccine would conflict with the tenets and practices of a religion of which I am an adherent or member. This includes any non-theistic moral or ethical belief, observance or practice which is sincerely held with the strength of a religious view.

I am requesting a religious accommodation based on the Statement of Religious Accommodation above.

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 acknowledge that the Iowa Department of Public Health and the Center for Disease Control and Prevention have published information regarding the COVID-19 vaccination including that it is safe and effective at preventing severe illness from COVID-19 and limiting its spread, and that failure to obtain the vaccination increases the risk to myself and others of contracting, carrying, and spreading COVID-19.
- I understand that my request for an accommodation may not be granted if it creates an undue hardship for the University.
- I understand that approval of this request does not guarantee a particular accommodation (such as remote work).

I have read and understood the verifications above. By submitting this form, I agree to be bound by its terms and conditions.

Individual Signature

Date