Appendix 2: Religious Exemption Form

REQUEST FOR RELIGIOUS EXEMPTION FROM INFLUENZA VACCINATION

Please print the following information:

Name: ___________________ Date of request: ___________________

Email address: _______________ Phone No.: _______________

Department/School/Company: ___________________

Position/title: _______________ Supervisor/Manager: _______________

Washington University requires healthcare personnel who provide patient care services or work in patient care or clinical care areas to receive an annual influenza vaccination. Leading healthcare authorities and organizations recommend influenza vaccination for healthcare workers because it has been shown to be effective in minimizing the incidence and adverse effects of the illness on patients and workers (www.cdc.gov/flu/protect/vaccine/index.htm).

To apply for an exemption from the required influenza vaccination based on a sincerely held religious belief, practice or observance, please (1) identify the religious belief practice or observance, and (2) explain why it precludes you from receiving the influenza vaccination.

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

In some cases, Washington University will need to obtain documentation or other authority regarding your identified religious belief, practice or observance. The University may need to discuss the nature of the religious belief, practice or observance with a spiritual leader or scholar of your religion (if applicable) to address your request for an exemption. If requested, can you obtain documentation or other authority to support the need for a religious exemption?

Yes _____ No _____
If no, please explain why:

____________________________________________

____________________________________________

____________________________________________

Signature: ______________________ Date: ______________________

**Students**: Please submit this completed form by December 15th to Student Health Services

WUSM Campus: 4525 Scott Avenue, East Building, Room 3420, or email to studenthealthservice@wusm.wustl.edu

Danforth Campus: Campus Box 1201, One Brookings Drive, St. Louis, MO 63130, fax (314) 935-8515.

**All others**: Please submit this completed form by December 15 to WUSM Human Resources (4480 Clayton Avenue, Suite 101, Campus Box 8002, St. Louis, MO 63110, or email to WUSMflushtots@wustl.edu).