**Request for Religious Exemption Related to COVID-19 Vaccine**

**2021-2022 Academic Year**

Student Name: _____

University ID:_____Date of Birth:_____/_____/_____

The University will grant exemption to the vaccine requirement when a student's sincerely-held religious beliefs preclude vaccination. Please describe below why your sincerely-held religious beliefs preclude you from receiving the COVID-19 vaccination.

IMPORTANT NOTE: This exemption is only valid for the 2021-2022 academic year. The University, including the School of Medicine, Nursing, and other clinical programs, may require additional request for exemption based on the needs of the student's respective school and academic program.

As a student with this exemption, I understand and certify:

- I will comply with testing as directed by the University; at minimum, this will include mandatory testing prior to the start of each semester and weekly prevalence testing throughout the academic year.
- I will submit to self-isolation or quarantine in a designated University facility (if I live on-Grounds) or in my own residence or an alternate location of my choice (if I live off-Grounds) and follow the directions of University officials regarding monitoring and self-care in any circumstance (1) where there is a reasonable belief that I have been exposed to an individual who has tested positive or suspected positive for COVID-19, (2) when I may be experiencing any symptom(s) consistent with COVID-19, or (3) if I test positive or suspected positive for COVID-19, until such time as my symptoms resolve and I may be tested and medically cleared to resume participation in University activities.
- I will respond promptly to outreach from the Virginia Department of Health officials and provide all requested information to them regarding my contacts with individuals and cooperate with any contact tracing or other information gathering processes designed to identify risks of virus transmission to others.
- I will follow any additional public health protective measures, which may evolve based on the overall course of the pandemic, as required by University policy. I understand I may be subject to additional requirements if my academic program requires me to be in the University Health System or other clinical settings.
- In the event of an outbreak or a threatened outbreak of COVID-19, I will comply with any University directive that may bar me from living, learning, and/or participating in University-approved activities on-Grounds temporarily or permanently. I understand that any such restrictions will not entitle me to reductions in tuition, housing charges, or other University fees.

I certify that the information I have provided in connection with this request is accurate and complete and the exemption may be revoked if any false information has been used to request an exemption. I understand that although the University of Virginia holds the health and safety of its community as paramount, there is no guarantee that I will not be exposed to or infected with COVID-19. I have reviewed the CDC's information on the benefits of getting a COVID-19 vaccine (https://www.cdc.gov/coronavirus/2019-ncov/vaccines/vaccine-benefits.html) and understand that, as an unvaccinated individual, my physical presence as well as participation and utilization of facilities, services, and programs at the University of Virginia may carry heightened risks that cannot be eliminated regardless of the care and reasonable efforts taken to avoid and mitigate those risks. I also understand that I may be at higher risk for severe complications from COVID-19 if I have particular conditions identified by the CDC. Despite these risks, I chose not to be vaccinated. I have read and fully understand my obligations as described above and request this exemption related to COVID-19 vaccine.

Student Name: _____

University ID:_____Date of Birth:_/_/_____

Signature of Student (Signature of parent/guardian required, if student is under 18):

_____ Date:_____