

COVID-19 Vaccination Religious Exemption Request Form for Students

Name: _____ Birth date: ____/____/____ Net ID: _____
(Please print clearly) Month Day Year

I have been offered a COVID-19 vaccine and provided with [information about its safety and efficacy](#) and am aware of Yale's COVID-19 vaccination policy.

I acknowledge that I am aware of the following facts (initial each to indicate your acknowledgement):

Initial _____ COVID-19 is a serious disease that has killed more than 500,000 people in the United States.

Initial _____ COVID-19 vaccination is recommended for me and for all other members of the Yale community to protect me and other members of the campus community from COVID-19 and its complications, including serious illness and death.

Initial _____ If I contract COVID-19, I may shed the virus for 10-14 days without exhibiting symptoms. My shedding the virus can spread COVID-19 to other community members.

Initial _____ I understand that I cannot get COVID-19 from the COVID-19 vaccines.

Should I choose to request a religious exemption, I acknowledge the following:

Initial _____ I understand that individuals who are not vaccinated against COVID-19 because they received a religious exemption **will be required to follow additional health and safety precautions not applicable to fully vaccinated individuals** which may include but are not limited to:

- Regular asymptomatic testing
- Masking and social distancing
- Daily Health checks
- Isolation if I test positive for COVID-19 and quarantine if I am identified as a close contact of a person who tests positive
- Restrictions on travel, and testing and/or quarantine following travel
- Limitations of access to certain events, spaces, roles and activities

Further, I understand that I can change my mind at any time and receive a COVID-19 vaccination free of charge at Yale Health.

Despite these facts, I am requesting an exemption from COVID-19 vaccination because the vaccine would be contrary to my religious beliefs, practices or observances.

Please attach a statement describing how immunization would be contrary to your religious beliefs, practices or observances.

I have read and fully understand the information on this form. I acknowledge that the university may require me to have a discussion with Yale Health prior to granting this exemption.

Signature: _____ Date: _____

Upload your SIGNED document and statement to the Yale Vaccine Portal at <https://yale.medicatconnect.com/>