



Duke University/Duke University Health System
Application for Religious Exemption for COVID-19 Vaccination

Employee to complete the following information (please print):

Name (last, first) _____ Duke Unique ID _____

Job Title _____ Work Area _____

Email Address _____ Best Phone Number _____

Supervisor _____

Submit your completed form to **Staff and Labor Relations** at hrrslrpolicies@duke.edu . All information requested must be provided and all questions must be answered in order for your request to be considered. Information will be kept confidential. If your request is approved, it will be recorded in your OESO compliance record within one week. You may check your OESO safety compliance record at <http://www.safety.duke.edu/> Approval is for a one year period of time. A new request for exemption may be necessary after that approval period.

Should your exemption request be approved and should the prevalence of COVID-19 within the community rise to a concerning level, the Duke Infectious Disease program with the support of Duke Health senior leadership may institute additional controls to limit the spread.

Describe your religious beliefs that are contrary to the COVID-19 vaccination with any currently authorized COVID-19 vaccine:

My signature indicates that the information I am providing in completing this form accurately reflects my sincerely held religious beliefs.

Signature of Employee: _____ Date: _____