

Request for Religious Exemption from Vaccinations – Employee

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Meredith College is committed to providing a safe, inclusive, and supportive experience for all and recognizes true and genuine observance of faith as it pertains to the practice of immunization.

Beginning in Spring 2022, Meredith College requires all employees to be vaccinated against COVID-19.

I, \_\_\_\_\_, hereby request a religious exemption from the vaccination and immunizations required by the College.

I understand and acknowledge that if the College approves my request for a religious exemption from the vaccination requirement, I will not have the protections afforded by the vaccine(s). I knowingly and voluntarily agree to assume the risks associated with being an employee at the College and participating in College activities without the vaccine(s). I have reviewed this decision with my primary care provider (if applicable) and I understand the associated risks. \_\_\_\_\_ Initials

In addition, I understand that in the event of an outbreak of a vaccine-preventable disease, the College, the State Health Department, or their designee may restrict my College activities, for my own protection and/or the protection of others, until the danger has passed. \_\_\_\_\_ Initials

I understand that if I am approved for an exemption, I may still be required to comply with surveillance testing and other preventive requirements such as social distancing, masks, and other public health mitigation measures. \_\_\_\_\_ Initials

I understand that a committee composed of representatives from college programs and business and finance offices will carefully review all requests. Approval is not guaranteed. I understand that I must allow at least 20 business days for my request to be processed, forwarded for committee review and a final decision to be rendered. After the committee has reviewed my request, I understand I will be notified, in writing via email, of the committee's decision. I understand that the decisions of the committee are final and are not subject to appeal. \_\_\_\_\_ Initials

I hereby represent as follows:

1. I am a member of \_\_\_\_\_, and I have been a member of the  
aforementioned religious faith or denomination for \_\_\_\_\_.
2. Members of my faith or denomination have a sincerely held religious belief that prohibits me from being immunized.
3. Provide a personal written statement detailing why you are requesting a religious exemption including the religious principle(s) and basis that prohibit you from being immunized.

4. The above can be confirmed by \_\_\_\_\_, who is  
\_\_\_\_\_ within the religious organization identified in Section 1 above and she/he/they can be reached at

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

5. I certify that everything above is true and request an exemption from the immunization requirement on the grounds that such immunization(s) conflict(s) with my religious beliefs and practices.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee First and Last Name (Printed)

Meredith Unique ID Number (7-digit number): 0-\_\_\_\_\_

Meredith Email Address: \_\_\_\_\_@meredith.edu

**You may be contacted for clarification or for more information. You will be notified of the decision on your requested exemption within 21 business days.**

**Additional documentation beyond what is required on the form will not be considered as part of the review.**