

Application for Religious Exemption of COVID-19 Vaccine

All information requested must be provided and all questions must be answered in order for your application to be considered. Information will be kept confidential. If your application is approved, it will be recorded in your compliance record within one week.

Name:

Duke Unique ID:

Job Title:

Work Area:

Best Phone Number:

Supervisor:

Duke Email Address:

Section A:

Do you provide direct patient care?

Yes

No

Do you work in an area where patient care is provided (example: inpatient unit or clinic)?

Yes

No

Do you have patient or visitor contact (example: registering, providing directions, praying)?

Yes

No

Do you provide a service to patients or visitors (example: food preparation, financial counseling, music therapy)?

Yes

No

Do you understand that you will be required to wear a mask while indoors in Duke owned or leased buildings and may be tested weekly for COVID-19?

Yes

No

Do you understand that you may be asked to submit an application for religious exemption in the future if vaccination or a booster is recommended more regularly (having been approved for an exemption does not automatically mean your exemption will be approved permanently)?

Yes

No

Section B: Description of your religious beliefs that are contrary to the COVID-19 vaccine

Section C:

The information I am providing in completing this form accurately reflects my sincerely held religious beliefs.

Signature: _____

Date: _____

Submit this completed form to Staff and Labor Relations by email to hrrslrpolicies@duke.edu or by fax to 919-681-7924. Applications must be received by Wednesday, Aug. 25, 2021.