

COVID-19 VACCINATION WAIVER FORM
EMPLOYEES REQUESTING AN EXEMPTION FOR MEDICAL OR RELIGIOUS REASONS

INSTRUCTIONS:

This Form:

1. must be completed by an employee who is requesting an exemption from the requirement to complete vaccination against COVID-19;
2. is only valid for application for exemptions from employee mandates including, but not limited to, the requirement to complete vaccination against COVID-19;
3. must be submitted through the Vax Check portal, along with all supporting documentation and materials.

An application is not complete and will not be considered without the required documents attached (see below).

The University will review each application and will contact the employee within five business days of receipt to request any supporting documentation, or to provide notice that the application is complete as submitted. If such a request is made, the employee has a maximum of ten business days to submit additional materials as requested.

If a request for exemption is denied, an amended application within ten business days. No more than one amended version of an application may be submitted.

RELATED POLICIES:

1. In the event of a COVID-19 outbreak, the University, in consultation with the New Jersey Commissioner of the Department of Health, may require employees without documented evidence of COVID-19 vaccination to remain off-Campus until the outbreak is over.
2. Unvaccinated individuals are required to comply with COVID-19 testing and screening protocols, as well as other health and safety protocols as may be implemented by the University in order to mitigate the spread of COVID-19 on campus.
3. The term of approval for an exemption is up to 180 days. No less than 30 days from the expiration date of an exemption, the University will provide notice via University e-mail of the upcoming expiration. An employee may apply for a new term of exemption by submitting a new complete application within 30 days of the receipt of notice of the upcoming expiration.

Reason for Exemption Request (please select an option below):

- Medical:** Requesting a waiver from receiving the COVID-19 vaccine which is medically contraindicated due to my current health condition.

REQUIRED: Attach a signed and dated written statement by a licensed physician or nurse practitioner that indicates the basis for the medical contraindication and including a specific time period for the medical exemption, along with any supporting documents

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Religious: Requesting a waiver from receiving the COVID-19 vaccine requirement based on my religious tenets/beliefs.

REQUIRED: Attach a signed and dated written statement explaining how the administration of currently available COVID-19 vaccines is inconsistent with your sincerely held, bona fide religious beliefs as protected under Title VII of the Civil Rights Act. Note that a general philosophical or moral objection is not sufficient for an exemption on religious grounds. Additional supporting documents may be attached.

Last Name: _____ First Name: _____

Cell Phone: _____

Signature of Employee: _____ Date: _____

INCOMPLETE OR UNSIGNED FORM WILL NOT BE PROCESSED