UNION HEALTH

# Religious Exemption Request Form for Influenza Vaccine

***You will be notified by letter if your exemption was approved or denied. If this is not the best method, please provide us with the information we need to contact you.***

Legal Name: _____University/College;_____
Date of birth or employee/student ID#: _____Program:_____

Work number: _____
Personal phone number: _____
Home address:_____

Email: _____

Facility: _____
Employee unit/department: _____

Shift: __Days __Nights

Please answer the following questions to help us understand the reasons for requesting a Religious Exemption to the flu vaccine:

1. Please explain your religious reason for not receiving the flu vaccine:_____
   _____
   _____
   _____

2. Please complete the following:
   a. My relationship to this religion is: _____
   b. When was the last time you received the flu vaccine?
      _____
   c. If you have received the flu vaccine before, what has changed since then?
      _____
      _____

Employee/Student Signature: _____ Date:_____

Employee/Student Name:_____

**Internal Use Only:**

[ ] Exemption approved [ ] Exemption Denied [ ] Further clarification needed

If approved:
[ ] Permanent Exemption

Clarification needed:

_____
_____
_____
_____

Flu Exemption Committee Representative's signature:_____

Date notification sent to employee/student: _____

**Union Health Employees: Submit to the Employee Health Department or fax to Employee Health at 812-238-7287.**

**Students: Submit hard copies to Volunteer Services by _____. Thank you**