RELIGIOUS EXEMPTION TO
MANDATORY COVID-19
IMMUNIZATION REQUIREMENT -
CLINICS

Instructions: Individuals who are requesting a religious accommodation in the University of Wyoming Speech and Hearing Clinic, EHCW (Albany Community Health Clinic, UW Family Medicine Clinics at Casper and Cheyenne) the University Student of Wyoming Health Services and the Student Health Pharmacy should complete this form and return the completed form to the Department of Human Resources.

Requestor Information

Name: ________________________________
Date of Submission: __________
Address: ____________________________
Email: ________________________________
Clinic: ________________________________

Please identify your status:
☐ Student ☐ Medical Staff ☐ Volunteer ☐ External Contracted Medical Provider ☐ Vendor

Please respond to each question:

Specific the policy, practice or schedule for which you are requesting an accommodation.
____________________________________________________________________________________
____________________________________________________________________________________

Specify the accommodations or modifications you are requesting.
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
Indicate the religious practice or belief and state how this request for accommodations would eliminate the conflict between the policy, practice or schedule and your sincerely held religious practice or belief.

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
I verify that my religious beliefs and practices which prompt this request for religious accommodations are sincerely held. I understand that the accommodations request may not be granted but that the University will attempt to provide a reasonable accommodation that does not create an undue hardship on the University. A religious accommodation is specific to the dates and specific accommodation requests made. Other (or ongoing) religious accommodations may require additional requests. I understand that if an outbreak of this illness occurs at my place of employment or on UW campus, employees with a religious exemption may be excluded from campus for the duration of the outbreak or required to take other measures as determined by University officials.

Signature: _________________________ Date: _________________________