

UNIVERSITY OF WYOMING  
DEPARTMENT OF HUMAN  
RESOURCES

Dept. 3422  
1000 E.  
University Ave.  
Laramie, WY  
82071

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.

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Specify the accommodations or modifications you are requesting.

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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.

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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: \_\_\_\_\_