

ATTACHMENT A

COVID-19 VACCINE EXEMPTION

This form and accompanying documentation MUST be completed to avoid disciplinary action.

It is MSM’s policy that all individuals either obtain the COVID-19 Vaccination or request an Exemption from COVID-19 Vaccination. Notwithstanding, persons with fever should not receive this vaccine. Further, persons who have received another type of vaccine within the past fourteen days should see their personal physicians before receiving this vaccine.

- I acknowledge that I have read and been provided the COVID-19 Vaccine Information and I understand the benefits and risks of the COVID-19 Vaccine. _____(Initial)
- I have been given the opportunity to be vaccinated, at no charge to myself. However, I decline the COVID-19 Vaccination at this time. _____(Initial)
- I acknowledge that if I become infected with COVID-19, I can spread COVID-19 to others even when I do not have symptoms. _____(Initial)

MY REASONS FOR REQUESTING EXEMPTION FROM THE COVID-19 VACCINE MANDATE (Check One):

- Medical Exemption: A licensed healthcare provider’s documentation and signature** is required to validate a medical contraindication against COVID-19 Vaccination. (Attachment B – Healthcare Provider Exemption request form)
- Religious Exemption: A religious organization’s documentation and signature before a notary of public** stating you hold sincere beliefs in an identified religion that does not allow you to receive a COVID-19 Vaccination, is required. (Attachment C – Religious Exemption form)

I understand that I will be required to wear a face mask, and/or that my job duties and responsibilities might otherwise be altered due to MSM Community safety needs and the fact that I have not received a COVID-19 vaccine.

I understand that if my request is approved, it is approved for this year only.

Select: Student / Employee Print Name: _____ Date: _____

Signature: _____ Education: _____ Program/Department: _____

Medical Director/Dean Signature

Compliance Office Representative

Date: _____

Date: _____

ATTACHMENT C

COVID-19 RELIGIOUS VACCINE EXEMPTION

This form and accompanying documentation MUST be completed to avoid disciplinary action.

REQUESTING STAFF – COMPLETE THIS SECTION

Note: This form is required for all MSM Community members who are requesting COVID-19 vaccine declination based upon religious Exemption. This form may NOT be used for personal or philosophical reasons.

Form with fields for Name, Date of Birth, Job Title, Address, Telephone No, Supervisor's Name, MSM location, and Exemption requested for.

To receive an Exemption to the COVID-19 Vaccination requirement, the individual must provide a statement detailing the religious that prevent them from receiving the COVID-19 Vaccination. In the space provided below, confirm the COVID-19 Vaccination Exemption being requested and state the grounds for the Exemption request.

Blank lines for providing a statement detailing the religious grounds for the exemption request.

If additional space is needed, attach additional page(s).

Religious Exemption Notice:

No MSM Community member as defined by MSM COVID-19 Vaccination Policy is required to have the COVID-19 Vaccination if contrary to the religious beliefs of the individual. However, request for religious Exemption must be approved and the individual with approved religious Exemption are required to wear a face mask at all times, when on Campus or at any MSM site. Non-compliance with the requirement to wear a mask as outlined will result in a final written warning, suspension without pay, loss of MSM Network and Electronic Medical Record access or termination.

I have read the Religious Exemption Notice (above) and have provided the requested information for the COVID-19 Vaccination being requested for a religious Exemption.

Signature of MSM Community member (required) and Date

RELIGIOUS ORGANIZATION – COMPLETE THIS SECTION BEFORE NOTARY OF PUBLIC

Based upon [Name]'s, sincerely held beliefs in the religion [Religion], [Name] is prevented from receiving the COVID-19 Vaccination requested because it is contrary to [Name]'s sincerely held beliefs in the religion [Religion].

Signature of Faith Leader (signature before notary required) and Date

Religious Organization's Name, Address, and Phone Number (required)

Sworn to and Subscribed before me this [Day] day of [Month], 20[Year]. Notary Public. My commission expires: [Date]. (Affix Notarial Seal)

Attach this form to your COVID-19 VACCINE EXEMPTION (Attachment A) form to be considered for religious Exemption. Submit your documentation to the MSM People Admin site or to SHWC at SHWCrequests@msm.edu.