



## COVID-19 Religious or Personal Exemption Form

*Directions: Complete all sections.*

### Section One: Name and Identifying Information

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle initial: \_\_\_\_\_

WPU email: \_\_\_\_\_ @warnerpacific.edu

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Section Two: Religious or Personal Exemption Request

An employee can decline the COVID-19 Vaccine due to religious, philosophical, or other deeply held beliefs. Please check one option below and provide a detailed explanation below.

Please describe in sufficient detail the basis for the requested exemption:

*(Continued on Page Two)*

### Section Three: Acknowledgment & Declination

COVID-19 is a highly contagious respiratory virus that affects people of all ages. This virus can cause long-term medical problems and death regardless of age. This virus spreads through respiratory secretions related to speaking, singing, yelling, coughing, and sneezing. Infected individuals can spread the virus to others. The COVID-19 vaccines are highly effective at preventing death and hospitalization. When large numbers within a population are immunized, viral spread will be significantly limited. Each individual of a community can contribute to this protective approach.

I understand that while Warner Pacific University will take reasonable measures to mitigate the spread of COVID-19 on-campus, the University cannot protect any individual from all risks associated with contracting the virus. I understand that choosing to forego vaccination puts me at risk for getting the disease with the associated risk of long-term medical problems or death. In order to minimize risk of viral spread, *I understand that I may be required to undergo weekly testing for COVID-19 while un-vaccinated, if legally mandated. I understand that if I contract the disease, I will need to enter isolation for a period of typically ten days, during which time I will not be able to come to campus. I further understand that as an un-vaccinated individual, if I am exposed to someone with COVID-19, I will be required to quarantine for 14 days (or other time period per CDC guidelines).* With a full understanding of this information, I request to decline Warner Pacific University's Vaccination Requirement, and I accept the potential consequences associated with this decision.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Instructions: If you are requesting an exception from the COVID-19 vaccination requirement for religious or personal reasons you must fill out this form and upload it to Human Resources through the COVID Vaccination Reporting portal.

If you have questions about this form, contact the following:

Human Resources at [WPUHR@warnerpacific.edu](mailto:WPUHR@warnerpacific.edu)