



UT Tyler
THE UNIVERSITY OF TEXAS AT TYLER

**UT TYLER RELIGIOUS EXEMPTION REQUEST
FROM COVID-19 VACCINATION REQUIREMENT**

Name: _____ **Date of Birth:** _____

Email Address: _____ **Best Phone Number:** _____

AFTER YOU COMPLETE THIS FORM, SCAN IT AND SUBMIT IT TO YOUR ACADEMIC DEPARTMENT. By submitting this form, you certify that it is true and accurate and that you are requesting an exemption from the COVID-19 vaccination.

Religious Exemption. Explain how the COVID-19 vaccination interferes with your free exercise of your religious rights.

Initials _____ I understand the benefits and the risks of the vaccine; I understand the risk of contracting the disease that the vaccine may prevent; and, I understand the risk of transmitting the disease to others.

I certify the above information to be true and accurate, and request a religious exemption from the COVID-19 vaccination. I understand I have the right to decline immunizations, but I may be required to adhere to additional precautions or be denied clinical placement in specific facilities/units. I understand faculty cannot ensure alternate placement to meet clinical requirements. I understand I may be required to submit additional clinical facility specific exemption request documentation to be reviewed and approved/declined by the clinical facility.

Signature: _____

ID: _____

Date: _____