

**Religious Exemption Form**

**REQUEST FOR RELIGIOUS EXEMPTION FROM INFLUENZA VACCINATION**

<u>Please print the following information:</u>	
Name: _____	Date of request: _____
Email address: _____	Phone No.: _____
Department/School/Company: _____	
Position/title: _____	Supervisor/Manager: _____

Washington University requires healthcare personnel who provide patient care services or work in patient care or clinical care areas to receive an annual influenza vaccination. Leading healthcare authorities and organizations recommend influenza vaccination for healthcare workers because it has been shown to be effective in minimizing the incidence and adverse effects of the illness on patients and workers ([www.cdc.gov/flu/protect/vaccine/index.htm](http://www.cdc.gov/flu/protect/vaccine/index.htm)).

To apply for an exemption from the required influenza vaccination based on a sincerely held religious belief, practice or observance, please (1) identify the religious belief practice or observance, and (2) explain why it precludes you from receiving the influenza vaccination.

---

---

---

---

---

---

In some cases, Washington University will need to obtain documentation or other authority regarding your identified religious belief, practice or observance. The University may need to discuss the nature of the religious belief, practice or observance with a spiritual leader or scholar of your religion (if applicable) to address your request for an exemption. If requested, can you obtain documentation or other authority to support the need for a religious exemption?

Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please explain why:

---

---

---

---

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

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

**Students:** Please submit this completed form by December 15<sup>th</sup> to Student Health Services  
WUSM Campus: 4525 Scott Avenue, East Building, Room 3420, or email to  
[studenthealthservice@wusm.wustl.edu](mailto:studenthealthservice@wusm.wustl.edu)

Danforth Campus: Campus Box 1201, One Brookings Drive, St. Louis, MO 63130, fax (314) 935-8515).

**All others:** Please submit this completed form by December 15<sup>th</sup> to WUSM Human Resources (4480 Clayton  
Avenue, Suite 101, Campus Box 8002, St. Louis, MO 63110, or email to [WUSMflushots@wustl.edu](mailto:WUSMflushots@wustl.edu) .

**Designated Washington University Office Use Only:**

Exemption approved/denied [circle one]      Date: \_\_\_\_\_