



Vaccination Exemption Request Form

RHS-EXT-Attachment 503.A

I am requesting an exemption from one of more of the following required vaccinations. I am seeking the exemption based on either a medical or religious accommodation.

Check below the vaccination(s) for which you are requesting an exemption.

Influenza Covid-19 Other (please specify): _____

If your request for an exemption is based on a medical reason, please review and complete Section 1 below.
If your request for an exemption is based on a religious reason, please review and complete Section 2 below.

SECTION 1. MEDICAL REASON FOR EXEMPTION REQUEST

If you are seeking an exemption from the requirement to obtain a vaccination based on a medical reason, you are required to provide the appropriate medical documentation from your physician.

All medical documentation must be provided by a physician on their professional letterhead. This documentation must identify each vaccination for which you are seeking an exemption as well as the specific contraindications and reasons why you should not receive the vaccine.

All requests for an exemption with required medical documentation must be received with your Application Packet for Placement.

SECTION 2. RELIGIOUS REASON FOR EXEMPTION REQUEST

If you are seeking an exemption from the requirement to obtain a vaccination based on a religious reason, you are required to review and complete the form below and it will be reviewed by Riverside Human Resources.

I have a seriously held religious belief to abstain from receiving the above listed vaccination(s). Please explain below why you are requesting a religious exemption.

All religious requests or an exemption will be reviewed and a determination made by Riverside Human Resources.

I verify that the information I am submitting to substantiate my request for exemption from the mandatory vaccination policies is complete and accurate to the best of my knowledge. I understand that any intentional misrepresentation can lead to disciplinary action.

I further understand that Riverside is not required to provide this exemption if doing so would pose a direct threat to the safety of myself or others in the workplace or would create an undue hardship for Riverside.

Finally, I have been educated on the risks and benefits of not receiving the above vaccination(s).

AUTHORIZED BY: Policy Committee Chair		
DATE OF ORIGIN: 9/3/2021	LAST DATE OF REVIEW: 9/3/2021	LAST REVISION DATE: 9/3/2021

Name (please print) _____ School/Program _____

Signature _____ Date _____ SSN (last 4 digits) _____

I am a: Student Clinical Faculty