

COVID-19 Conscientious Objection Exemption Form for Employees

To request a conscientious objection exemption from the required COVID-19 vaccination, please complete Section A and Section B before returning this form to the Benefits Office.

PLEASE NOTE: This conscientious objection exemption form request must be notarized for Hamline University to consider the request.

A.) To be completed by employee:

Name: _____ **Date:** _____

Department: _____ **Manager:** _____

I am requesting an exemption from Hamline University’s mandatory COVID-19 vaccination policy based on sincerely held religious beliefs.

Please describe in detail the conscientious objection exemption reasons below:

Employee Acknowledgement

I understand and acknowledge by applying for a conscientious objection exemption from the COVID-19 vaccination requirement, I will not have the protections afforded by the vaccine. Therefore, I understand that in the event of an outbreak, potential epidemic or epidemic of a vaccine-preventable disease, the University may order my suspension from the University, restrict my University activities, or require other precautions, for my own protection or the protection of others, until the threat has passed. This may include following the mask policy, current quarantine for exposure guidelines, isolation for positive test guidelines, regular scheduled testing and any other guidelines put in place for the safety of the Hamline community.

I knowingly and voluntarily agree to assume the risks associated with being an employee at the University without the vaccine intended to prevent COVID-19.

By signing below, I understand all the above and the information I am submitting is true and accurate to the best of my knowledge. I understand that any falsified or misleading information can lead to disciplinary action, up to and including termination.

Signature: _____

Date: _____

B.) To be completed by Notary Public

This conscientious objection exemption form request must be notarized for Hamline University to consider the request. Please contact the Benefits Administrator with any questions about this form at 651-523-2815 or ccarlson28@hamline.edu

The employee named above hereby certifies by notarization that immunization against COVID-19 goes against their conscientiously held beliefs. This document was acknowledged before me on _____ (date).

Notary Signature	Notary Stamp

Please return completed form to the Benefits Office via confidential fax at 651-523-3055 or email ccarlson28@hamline.edu Thank you!