

Please use the section below to provide more detail on the previous question, if needed.

Please identify the expected duration of this accommodation.

Temporary

Permanent

How long have you held the religious belief underlying your objection?

Is your religious objection to the use of all vaccines, COVID-19 vaccines, a specific type of COVID-19 vaccine, or some other subset of vaccines?

Have you received vaccines as an adult against any other diseases (such as a flu vaccine or a tetanus vaccine)?

Yes

No

III. Additional Information and Supplemental Documents

In some cases The Office of Institutional Equity and Access will need to obtain additional information and/or documentation about your religious practice(s) or belief(s). This may include documentation from your religious or spiritual leader.

If requested, could you provide documentation to support your belief(s) and need for an accommodation?

YES

NO

Are you attaching any supporting documentation to this request?

YES

NO

If yes, please list the documents below:

1. _____

2. _____

IV. Certification

I certify that the above information is complete and accurate to the best of my knowledge, and I understand that any intentional misrepresentation contained in this request may result in disciplinary action. I also understand that the contents of this request will be shared only as necessary to consider the approval and/or implementation of an appropriate accommodation. I further understand that the accommodation requested above may not be granted should The Office of Institutional Equity and Access determine the religious accommodation request creates an undue hardship on UT Southwestern Medical Center.

Signature: _____

Date: _____

Return Completed Form to:
The Office of Institutional Equity and Access
UT Southwestern Medical Center
Attn: Religious Accommodations Request
Fax: 214-648-4348
Email: EqualOpportunity@utsouthwestern.edu