University of Arkansas for Medical Sciences
Religious Exemption from Vaccination Request

Name: _____Date of Birth: _____
Phone #: _____ Email: _____ UAMS ID: _____
Department Name: _____ Supervisor Name: _____

The University of Arkansas for Medical Sciences mandates certain vaccinations for all its healthcare personnel and UAMS students, including MMR, Tdap, Varicella, Hepatitis B (for those exposed to blood and body fluids), and Influenza. Each request for an exemption **must** be uploaded to your MyChart account and will be evaluated by Student and Employee Health Services and, if needed, the Office of Human Resources.

You must

- **complete each page of this form.**
- **document each specific vaccine for which you are requesting an exemption**.

An exemption from a vaccine or vaccines does not include an exemption for any required testing for immunity or infection for the disease or illness**.**

Credentials or Privileges at Arkansas Children's Hospital

If you seek credentials or privileges at Arkansas Children's Hospital, your Religious Exemption documentation submitted to UAMS will be shared with ACH. ***Religious exemption requester initials required_____***

Religious Exemption

I understand that by requesting an exemption due to religious beliefs, observances, or practices, I am required to provide documentation to support my objection to the immunization for my sincerely held religious belief, observance, or practice. This documentation may include:

1. a signed letter from my religious leader/pastor, on official letterhead, verifying my membership and the reasons and/or religious practices, beliefs, or observances that do not support immunization or
2. a statement from me explaining my objection to the immunization and the reasons and/or religious practices, beliefs, or observances that preclude immunization.

I understand that a religious exemption request for Influenza must be completed annually and uploaded through MyChart before the Influenza Vaccine deadline. ***Religious exemption requester initials required_____***

New Hire Exemptions

I understand that I must complete and submit supporting documentation for the religious exemption prior to my start date, or my start date will be delayed.
New Hires Only: Religious exemption requester initials required_____

I understand

- While my exemption request is pending, I will be considered non-compliant until approval is granted.
- I will be expected to follow the job duties outlined in my job description and communicated to me by my supervisor.
- I must follow infection control guidelines and care for patients admitted/seen with communicable illnesses (such as Measles, Mumps, Rubella, Varicella, Hepatitis B, Covid-19, and Influenza) and I may be exposed to other serious diseases (including but not limited to Tetanus, Diphtheria, and Pertussis).
- I must follow transmission-based precautions for patients with symptoms of communicable illness.

- If I develop symptoms of communicable illness, I must report to SEHS for potential work exclusion until resolution of symptoms.
- An exemption from the vaccine or vaccines does not include an exemption from any required testing for immunity or infection to the disease or illness.
- I will be required to maintain social distancing in public areas, including but not limited to the cafeteria, break rooms, hallways, classrooms, or other meeting areas, which includes eating or drinking in close proximity to other UAMS employees, students, contractors, patients, and visitors**.**

Religious exemption requester initials required_____

Mask Requirement

I understand that I will be required to wear a mask at all times on UAMS property. Failure to do so will result in disciplinary action up to and including termination.

Religious exemption requester initials required_____

Attestation

I certify that the information on this form is true and correct and that I have read and have a full understanding of its contents.

Signature: _____ Date: _____
(Signature stamps not acceptable)

Fill out the correct UAMS form(s) for the exemption(s) you are seeking and submit all pages completed in their entirety, dated, and signed to your MyChart account. Any supporting documents added to the forms must contain your name and date of birth on the documentation.

You must upload the completed Religious Exemption From Vaccine Request form, AND the Religious Exemption Request Form to your MyChart account. Failure to upload both documents, or to upload incomplete forms and documents, may result in a delay in processing the exemption request.

Visit the Student and Employee Health Services Clinic webpage, https://uamshealth.com/location/sehs/, for instructions on creating your MyChart and uploading your documentation.

For any questions concerning these exemptions, contact Student Employee Health Services at 501-686-6565, or you may call the Office of Human Resources at 501-686-5650 regarding policy compliance.

UAMS Religious Vaccine Exemption Form

Name: _____ UAMS ID:_____ Date of Birth:_____

The University of Arkansas for Medical Sciences mandates vaccinations for all its healthcare personnel and UAMS students, including MMR, TDAP, Varicella, Hepatitis B, and Influenza. A religious exemption from vaccines is available to individuals who object due to a sincerely held religious belief, observance, or practice.

Religious Exemption Vaccine Request

Please provide a written explanation attesting to your sincerely held religious beliefs, observances, or practices that prevent you from receiving immunization(s). In your explanation, include the specific vaccine(s) you request an exemption from, along with the reasons or religious principles supporting your objection to immunization.

List vaccines requested for exemption: _____, _____, _____, _____, _____.

Attestation:_____
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Add additional pages if needed. **Any additional documents must contain your name and date of birth.**

UAMS Religious Vaccine Exemption Form

I understand I must submit a new religious exemption request annually through MyChart.

I certify the information on this form is true and correct and I have read and fully understand its contents.

Employee Signature: _____ Date: _____
(Signature stamps not acceptable)

Upload the completed forms to your MyChart account. Incomplete forms and documents will result in a delay in processing the exemption request.

Visit the Student and Employee Health Services Clinic webpage, https://uamshealth.com/location/sehs/, for instructions on creating your MyChart and uploading your documentation.

For any questions concerning these exemptions, contact Student Employee Health Services at 501-686-6565, or you may call the Office of Human Resources at 501-686-5650 regarding policy compliance.