# If you believe your religious beliefs or practices conflict with Rider’s vaccination requirements and you should be exempt, please fill out this form and answer the questions below, in detail. The purpose of this form is to determine whether you may be eligible for an exemption. We may ask for additional information or request an interview to evaluate your request.

# Signing this form constitutes a declaration that the information you provide is, to the best of your knowledge and ability, true and correct. Any intentional misrepresentation to the University may result in disciplinary action.

**Name:** Click or tap here to enter text. **Date of Birth:** Click or tap here to enter text.

**Rider email:** Click or tap here to enter text. **Cellphone:** Click or tap here to enter text.

**BRONC ID:** Click or tap here to enter text.

# To be eligible for a religious exception, you must establish that your refusal to be vaccinated is based upon a sincere belief that is religious in nature. A refusal to be vaccinated does not qualify for an exemption if it is based upon personal preference, concerns about the possible effects of the vaccine, philosophical or political opinions. Moreover, requests will be denied if you submit documentation readily available from an online source (*i.e*., “certificates” purchased to purport belonging to a congregation that opposes vaccination), or if the request is based on inaccurate information (general distrust of the vaccine, online conspiracy theories at odds with scientific data and CDC/WHO guidance, etc.).

Explain in your own words why you are seeking a religious exemption, the religious principles that guide your objection to immunization, and indicate whether you are opposed to all immunizations, and if not, the religious basis on which you object to particular immunizations.

**Questions**

**Answer each question below. Failure to answer any of these questions may result in the exemption request being denied.**

1. Would complying with the vaccination requirement substantially burden your religious exercise? If so, please explain how. Click or tap here to enter text.

2. If the leadership of your faith supports vaccination, please explain how vaccination conflicts with your sincerely held religious beliefs, including why you do not subscribe to the position of the leadership of your faith. Click or tap here to enter text.

3. How long have you held the religious belief underlying your objection? Click or tap here to enter text.

4. Please describe whether, as an adult, you have received any vaccines against any other diseases (such as a flu vaccine or a tetanus vaccine) and, if so, what vaccine you most recently received and when, to the best of your recollection. Click or tap here to enter text.

5. If you do not have a religious objection to the use of all vaccines, please explain why your objection is limited to particular vaccines. Click or tap here to enter text.

6. Please identify any other medicines or products that you do not use because of the religious belief underlying your objection and explain how you otherwise treat conditions, illness or discomfort. Click or tap here to enter text.

7. Please provide any additional information that you think may be helpful in reviewing your request. Click or tap here to enter text.

**Verification and Accuracy**

I verify that the above information I have provided 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 which may include suspension or dismissal. My request for an exemption from Rider University’s vaccination requirement is based upon my sincerely held religious beliefs. I understand that my request for an exemption may not be granted if it creates an undue burden for the University.

I understand the risks of non-immunization and have had an opportunity to discuss this with a medical provider. If I am approved for an exemption, I release Rider University, its employees, directors, representatives, officers, advisors, agents, trustees and lenders from all liability for any resulting injury or illness. In the event of a contagion outbreak or if I contract a vaccine-preventable illness, I understand that I may be excluded from campus, required to quarantine, isolate or be subject to a housing reassignment or other precautionary measures.

**Signature\*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:** Click or tap here to enter text.

**Print Name:** Click or tap here to enter text. **BRONC ID:** Click or tap here to enter text.

**Signature of Parent or Guardian\* (if <18 years old): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Name:** Click or tap here to enter text. **Date:** Click or tap here to enter text.

**Upload this Form to the Healthy Broncs Portal at** [**https://rider.medicatconnect.com/**](https://rider.medicatconnect.com/)

\*Actual signatures are required.