

**REQUEST for CREED/RELIGIOUS ACCOMMODATION Re  
MANDATORY VACCINATION FOR IN-PERSON UNIVERSITY ACTIVITIES**

**Please Complete SECTION 1 of this FORM and  
have your Religious/Spiritual Leader complete SECTION 2**

<b>SECTION 1</b>	
<b>INDIVIDUAL INFORMATION</b>	
Last Name:	First Name:
Employer:	
<b>YOUR</b> email address	
<p>I affirm as follows:</p> <ol style="list-style-type: none"> <li>1. The mandatory COVID-19 vaccination requirement for those attending on university property or using university facilities or participating in university activities in-person, indoors or outdoors, conflicts with my sincerely held convictions based on my creed/religion.</li> <li>2. I understand that Queen's University may require me to follow additional health and safety protocols, including, but not limited to:               <ol style="list-style-type: none"> <li>a. Mandatory COVID testing and disclosure of test results; and/or</li> <li>b. Masking and/or physical distancing;</li> </ol> </li> <li>3. I understand that should an outbreak occur, the Ontario government and/or Kingston, Frontenac, Lennox and Addington Public Health may impose additional restrictions or requirements on me for health and safety reasons, which may not apply to fully vaccinated individuals who attend on university property or use university facilities or attend university events in person, indoors or outdoors.</li> <li>4. I understand that I must submit this completed form to my employer who will provide it to Queen's University, and I agree that they may reach out to the certifying religious/spiritual leader to seek additional information.</li> <li>5. I understand that Queen's University will assess my request and advise my employer whether this request is approved.</li> </ol>	
<b>Return this completed form to your employer.</b>	
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <b>Signature of individual</b> <b>I am 18 years of age or older</b>	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <b>DATE</b>

**SECTION 2  
DECLARATION OF RELIGIOUS/SPIRITUAL LEADER**

*Please explain within the text box below or by way of an attached letter how the religious belief(s) and/or creed(s) of the above-named individual preclude them from being vaccinated. Please provide information to connect the religious beliefs/creed(s) to the reason they are precluded from being vaccinated against COVID-19. If possible, please provide supporting documentation published by religious leaders or other practitioners of the religion/creed*

**I understand that Queen's may contact me to seek additional information**

For the reasons outlined above, I certify that to the best of my knowledge based on my reasonable inquiry, the above-named individual sincerely adheres to the applicable elements of their religious belief or creed, which prohibits vaccination for COVID-19.

<b>NAME of Religious/Spiritual Leader (please print)</b>			
<b>Signature:</b>		<b>Date:</b>	
<b>Business Address</b>			
Unit Number	Street Number	Street Name	P.O. Box
City/Town	Province/State/Country		Postal Code