

## REQUEST for <u>CREED/RELIGIOUS</u> 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

SECTION 1							
INDIVIDUAL INFORMATION							
Last Name:		First Name:					
Em	Employer:						
YOUR email address							
I affirm as follows:							
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.						
2.	I understand that Queen's University may require me to follow additional health and safety protocols, including, but not limited to:						
3.	<ul> <li>a. Mandatory COVID testing and disclosure of test results; and/or</li> <li>b. Masking and/or physical distancing;</li> <li>I understand that should an outbreak occur, the Ontario government and/or Kingston, Frontenac,</li> <li>Lennox and Addington Public Health may impose additional restrictions or requirements on me</li> <li>for health and safety reasons, which may not apply to fully vaccinated individuals who attend on</li> <li>university property or use university facilities or attend university events in person, indoors or</li> </ul>						
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.						
5.	I understand that Queen's University will assess my request and advise my employer whether this request is approved.						
Return this completed form to your employer.							
-	Signature of individual DATE I am 18 years of age or older						

Personal information on this form is collected under the authority of the Queen's Royal Charter and will be used to determine the qualification of the individual identified on this form for non-medical accommodation in relation to the requirements that those attending on university property, use university facilities, or attending university events in person be vaccinated against COVID-19. The information provided will be stored securely and the need for accommodation will be shared within the university, on a strictly *need-to-know basis*. Questions about this collection should be directed to the Records Management and Privacy Office at access.privacy@queensu.ca. Queen's University complies with the Freedom of Information and Protection of Privacy Act.



## 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 <u>precluded</u> 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.

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

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