

**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**

*Conscious objection to the vaccine, whether for medical or religious reasons, is not covered under the Ontario Human Rights Code (OHRC).*

SECTION 1				
<b>(A) INDIVIDUAL INFORMATION</b>				
Last Name:		First Name:		
University ID Number (Employee or Student #):				
Unit Number	Street Number	Street Name		P.O. Box
City/Town	Province/State	Country	Postal Code	
<b>(B) PARENT/LEGAL GUARDIAN INFORMATION (ONLY COMPLETE FOR INDIVIDUALS UNDER 18 YEARS OF AGE)</b>				
Last Name		First Name		
Telephone Number		Email Address		
I affirm as follows:				
<ol style="list-style-type: none"> <li>1. The mandatory COVID-19 vaccination requirement for those attending on university property, using university facilities, or participating in university activities in person conflicts with my/my child's sincerely held convictions based on my/my child's creed/religion.</li> <li>2. I understand that Queen's University may require me/my child 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;</li> <li>b. Masking and/or physical distancing;</li> <li>c. Remote working; and/or</li> <li>d. Participation in a vaccine education program</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/my child for health and safety reasons, which may not apply to fully vaccinated individuals who attend on university property, use university facilities or attend university events in person.</li> <li>4. I understand this form must be provided to Queen's University Student Accessibility Services (QSAS) and agree that they may reach out to the certifying religious/spiritual leader to seek additional information..</li> </ol>				
Students must register with Student Accessibility Services (QSAS) and upload this completed form, following the instructions on the website at <a href="https://queensu.ca/studentwellness/accessibility-services">queensu.ca/studentwellness/accessibility-services</a>				
_____ <b>Signature of individual (or parent/legal guardian for those Under 18 years of age)</b>			_____ <b>DATE</b>	

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](mailto: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 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.

<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