

**COVID-19 Vaccination Program:
Employee Request for Religious Accommodation**

Weill Cornell Medicine is committed to supporting a diverse, equitable, and inclusive environment. If your religious beliefs or practices conflict with WCM's COVID-19 vaccination requirement, please complete this form and submit it to exemptionrequest@med.cornell.edu.

Employee Name	<input type="text"/>		
Phone Number	<input type="text"/>	CWID	<input type="text"/>
Department	<input type="text"/>	Title	<input type="text"/>
Office Address	<input type="text"/>		

Please explain in your own words why you are seeking a religious accommodation. Provide 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 COVID-19 vaccination.

The following certification may be required if there is an objective basis for questioning the religious nature of the request. You may also secure the certification voluntarily as part of your submission regardless of whether it is subsequently requested.

For Religious/Spiritual Leader

I am a religious/spiritual leader at _____ and hereby certify that the above information provided by _____ who is a member of my religious organization is accurate and that this is a request for a religious accommodation from the COVID-19 vaccine requirement at Weill Cornell Medicine.

Religious Leader Name (print)	<input type="text"/>		
Religious Leader Signature	<input type="text"/>	Date	<input type="text"/>
Name of Institution	<input type="text"/>		
Address of Institution	<input type="text"/>		

For WCM Employee: Verification and Accuracy

I am requesting a religious accommodation from Weill Cornell Medicine's COVID-19 vaccination requirement.

I verify that the information I am submitting to corroborate my request for accommodation from Weill Cornell Medicine's vaccination policy is true and accurate to the best of my knowledge. I understand that any falsified information can lead to disciplinary action, up to and including termination.

I further understand that Weill Cornell Medicine is not required to provide this accommodation if doing so would create an undue hardship for Weill Cornell Medicine.

Employee Name

Employee Signature

Date

Please submit your completed form to

exemptionrequest@med.cornell.edu

Questions? Contact exemptionrequest@med.cornell.edu

Req #