

Request for COVID-19 Vaccine Conscientious Objector Exemption

The Centers for Disease Control and Prevention (CDC) and Kentucky Department for Public Health (KDPH) recognize immunization as one of the most effective tools in preventing disease and reducing the risks associated with exposure to certain diseases. As members of the campus community, you may be required to comply with a COVID-19 vaccine mandate in the course of your employment or matriculation at the University of Louisville. The University understands that this requirement may be contrary to certain religious beliefs, practices, or observances.

By signing this Request for COVID-19 exemption form, I acknowledge that:

- COVID-19 can cause severe respiratory illness, kidney and Liver damage, blood clots, and even death. COVID-19 is easily spread to family members. Some people have continued to have long-term health issues after COVID-19 infections. I understand the risks associated with refusal of this vaccine and acknowledge that I can access information regarding the benefits of vaccination at: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/vaccine-benefits.html>
- I understand that if I am unvaccinated, I may be required to wear a mask whenever on University owned or controlled property, or on property of an entity affiliated with the University. Additionally, I understand that I will be required to comply with all applicable policies and procedures for unvaccinated persons of the University of Louisville and/or an affiliated entity, as the case may be.
- I understand that I may not be able to participate in certain University activities without being vaccinated, to the extent permitted by law.
- I understand that if I am exposed to or become infected with COVID-19 that I may be excluded from work or in-person classes, education programming, group activities or other programs of the University of Louisville and/or its affiliates in accordance with applicable guidance.

Due to my conscientiously held beliefs, I object to receiving the required COVID-19 vaccine. I am aware that if I change my mind, I can rescind this objection and obtain the immunization at a future date.

Name: _____ Date of Birth: _____

Degree Program/Area of Study: _____

Department or School: _____

Signature: _____ Date: _____