

Immunization Religious Exemption Form – Employee

Vaccines are one of the greatest public health achievements of the past century and save an estimated 3 million lives every year. The Colorado Department of Public Health and Environment and Colorado School of Mines strongly support vaccination as one of the easiest and most effective tools in preventing diseases that can cause serious illness and even death. For nearly all people, the benefits of preventing disease with a vaccine far outweigh the risks. **Declining to follow the Centers for Disease Control and Prevention’s Advisory Committee on Immunization Practices (ACIP) immunization schedule for number, space, and timing of doses, may endanger an unvaccinated individual’s health and others who come into contact with them.**

As a federal contractor, Colorado School of Mines requires that all employees be fully vaccinated against Covid-19 unless a completed medical or religious exemption is submitted to Mines. This form should be submitted by employees requesting an exemption from the Covid-19 vaccine requirement on the basis of a religious exemption to the SARS-CoV-2 vaccine. “Religious Exemption” means an immunization exemption based upon a religious belief, practice, or observance whose teachings are opposed to immunizations or the SARS-CoV-2 vaccine in particular.

Employees with a recorded immunization exemption may be compelled to quarantine or isolate, participate in regular Covid-19 testing, or adhere to other disease mitigation measures imposed by Mines.

NOTE: Any employees also desiring to request an accommodation related to their religious beliefs or practices should follow-up with Mines’ Human Resources after submitting this form. The employee and Mines will engage in the interactive process to determine eligibility for and to identify possible accommodations. In some cases, the employee may need to provide additional information and/or documentation about the employee’s religious beliefs or practices and need for an accommodation. Refusal to provide such information may impact Mines’ ability to adequately understand the employee’s request or effectively engage in the interactive process to identify possible accommodations.

Please complete all required fields below and submit the form to the secure portal for employees available [here](#). Incomplete forms will not be accepted. All fields are required unless noted optional.

Employee Information

Last Name:	First Name:	Middle Name:
Date of Birth:	CWID:	

Required Vaccine

Check vaccine declined:

SARS-CoV-2 (COVID-19)

Vaccine Preventable Disease Information:

The information provided below is to ensure employees are informed about the risks of not vaccinating.

SARS-CoV-2 (COVID-19) – Unvaccinated persons may be at increased risk of developing COVID-19 if exposed to this disease. Serious symptoms and effects include difficulty breathing, loss of taste or smell, body aches, and death. For more information, please visit: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/keythingstoknow.html>

Statement of Exemption

I am the above-named individual and am requesting an exemption from the COVID-19 vaccination requirement due to a sincerely held religious belief, practice, or observance that is opposed to this vaccine or immunizations in general. The information I have provided on this form is complete and accurate.

- I understand I may change my mind at any time and accept vaccination(s) for myself in the future.
- I have had the opportunity to review the Centers for Disease Control and Prevention’s guidance on the [benefits](#) of Covid-19 vaccination, [possible side effects](#) of Covid-19 vaccination, and [facts](#) about Covid-19 vaccination.
- I have had the opportunity to review the general vaccine information provided by the Colorado Department of Public Health and Environment: [Immunization education](#) and [Immunize for Good](#) for information on the benefits and risks of vaccines and the diseases they prevent.
- I have had the opportunity to review information about what is in the [mRNA-based vaccines](#) (Pfizer and Moderna), the [Johnson & Johnson vaccine](#), and how they work.

I acknowledge that I have read this document in its entirety.

Employee signature: _____ Date: _____