



Office of Equal Opportunity, (OEO)

Religious Accommodation Request for COVID Vaccination Exemption

Massachusetts Law does not allow for philosophical exemptions, even if signed by a physician.
Only medical and religious exemptions are acceptable.

Name _____ Job title/Degree program: _____

Contact number: _____ Email: _____

Requestor Responses

Please specify the religious or spiritual belief, practice, or observance that is the basis of your request for exemption from the University’s COVID-19 vaccine requirement.

Please explain the nature of the conflict between the COVID-19 vaccine requirement and your religious or spiritual belief, practice or observance.

Does your job position or degree program require you to be in-person and on-site on campus and if so, with what frequency?

If you do not work or study in-person and on-site, please specify the state you work or study from (e.g., Massachusetts, New Hampshire, Maine, etc.).

What are some other accommodations (besides exemption from the vaccine) that might address your needs?

Informed Consent

I understand the following if my request is granted:

- I understand that infectious illness can spread easily in a school environment. There have been increasing numbers of outbreaks over the past year in US institutions of higher education.
- I understand that choosing not to be immunized may put me at greater risk of serious personal illness and/or medical complications, including possible death, resulting from an outbreak.
- If an outbreak of a vaccine-preventable illness occurs and I am exposed or become subject to a vaccine-preventable illness, I may be required to leave campus for the duration of the outbreak.
- In the event of an emergency or epidemic/pandemic of disease declared by the Department of Public Health, this exemption may be revoked, and I may be required to leave campus for the duration of the emergency or epidemic/pandemic.

Verification and Accuracy

I verify that my religious belief(s) or practice(s) that prompt(s) this request for a religious accommodation are sincerely held. By signing below, I verify the truth and accuracy of my statements on this form. I understand that although the specific accommodation I have requested may not be granted, the University will attempt to provide a reasonable religious accommodation that does not create an undue hardship for the University if such an accommodation is available. I understand that any religious accommodation granted now may be reviewed periodically by the University to ensure it is reasonable and does not create an undue hardship at a later date. I understand that the University prohibits retaliation for

requesting a religious accommodation, and that if I should have any concerns about retaliation, I will report them immediately to OEO. I acknowledge that if my request for exemption is for religious reasons(s), Tufts University may ask me to document my religious practice or belief or consult religious scholars or leaders to confirm the appropriateness of the requested accommodation.

Student/Employee/Vendor Name: _____ Title _____

Student/Employee/Vendor Signature: _____ Date: _____

Summary of Next Steps :

1. Once received, your request will be acknowledged and discussed with you by OEO.
2. Following a collaborative and interactive process, you will be notified of the decision.

Please return the completed signed form to the address below or send them by fax (please adhere to HIPPA regulations and call before faxing) to:

Tufts University Office of Equal Opportunity
196 Boston Avenue, Suite 4000B
Medford, MA 02155
Phone: 617-627-6363
Fax: 617-627-3075

If you have any questions or concerns about this form, please contact either Amin Fahimi Moghadam, Accommodations Specialist, via email or phone (Amin.Fahimi_Moghadam@tufts.edu or 617-627-3075) or Katherine Vosker, Accommodations Manager and 504 Officer, via email or phone, katherine.vosker@tufts.edu or 617-627-0657.