



**Human Resources**

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## Request for Exemption from COVID-19 Booster Vaccination

Employee Name \_\_\_\_\_ Date \_\_\_\_\_

Keck Graduate Institute is mandating COVID-19 vaccination for all of its employees. Each request for exemption, regardless of the reason, will be evaluated individually by the office of Human Resources.

### Medical Exemption \_\_\_\_\_

By requesting an exemption due to medical contraindications, I will be required to provide documentation from my primary care physician. I also understand that the medical exemption must be based on standard criteria for medical exemptions recommended by the Centers for Disease Control (CDC) and Prevention or Advisory Committees on Immunization Practices.

### Religious Exemption \_\_\_\_\_

A religious exemption to immunization may be granted as an accommodation based on an individual's sincerely held religious belief, practice, or observance. Social, political, or economic philosophies, and personal preferences do not constitute religiously held beliefs.

### Philosophical Exemption \_\_\_\_\_

I hereby certify that immunization is contrary to my beliefs. I request an exemption to the COVID-19 vaccination requirement. I have written a summary of my objections in the space provided below.

I understand that I will be provided 10 business days to obtain the supporting documentation for either the medical or religious exemption.

I understand that I will receive written notification regarding the exemption request status within seven (7) business days after the required documentation has been provided to the office of Human Resources.

I understand that if my exemption request is approved, I will be recognized as compliant with the mandatory COVID-19 vaccination requirement. Further, I understand that my protected medical and religious information will be maintained in my confidential Personnel File in Human Resources. This information will not be provided to anyone outside of Human Resources.

For any questions concerning these exemptions, please contact Human Resources at [hr@kgi.edu](mailto:hr@kgi.edu).

Effective Date: October 2020 Revised: January 2022  
Administrator: Human Resources



**Keck Graduate Institute Medical Exemption Request Form**

Name of Employee: \_\_\_\_\_

Status: Faculty \_\_\_\_\_ Staff \_\_\_\_\_

Practice Address: \_\_\_\_\_

Name of Health Care Provider \_\_\_\_\_

Email \_\_\_\_\_

License Type: Medical or Osteopathic Physician \_\_\_\_\_ Nurse Practitioner \_\_\_\_\_

Physician's Assistant \_\_\_\_\_

Type of COVID-19 Vaccination Received: Pfizer \_\_\_\_ Moderna \_\_\_\_ Johnson & Johnson \_\_\_\_ NA \_\_\_\_

Date eligible to receive Booster Vaccine: \_\_\_\_\_

I hereby certify that the above-referenced patient qualifies for a medical exemption from the COVID-19 vaccine, as further provided below; Reason for exemption:

\_\_\_\_\_  
\_\_\_\_\_

Signature of Health Care Provide \_\_\_\_\_

<b>FOR HUMAN RESOURCES ONLY</b>	
Date Form Rec'd: _____	Date Reviewed: _____
Medical Exemption Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date Approved: _____	Date Employee Notified: _____



## Keck Graduate Institute Religious Exemption Request Form

Name of Employee: \_\_\_\_\_

**Religious Waiver** – I \_\_\_\_\_ (Print Employee Name) on the basis of my sincerely held religious belief, decline to receive the COVID-19 vaccination. Please identify your sincere and bona fide religious belief and how the COVID-19 vaccination will violate this belief. (You may attach additional written pages to this form in support of your request.)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Religious/Spiritual Leader Name (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Religious/Spiritual Leader Signature

\_\_\_\_\_  
Date

Name of Religious Institution: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

### For Human Resources Only

Date Form Rec'd: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_

Religious Exemption Approved:  Yes  No

Date Approved: \_\_\_\_\_ Date Employee Notified: \_\_\_\_\_



**Philosophical Exemption:**

I hereby certify that the COVID-19 vaccine is contrary to my beliefs. I request an exemption to the COVID-19 vaccination requirement. I have written a summary of my objections in the space provided below.

Type of COVID-19 Vaccination Received: Pfizer \_\_\_\_ Moderna \_\_\_\_ Johnson & Johnson \_\_\_\_ NA \_\_\_\_  
Date eligible to receive Booster Vaccine: \_\_\_\_\_

Required: Summary of Objections:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature

Date

**For Human Resources Only**

Date Form Rec'd: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_

Philosophical Exemption Approved:  Yes  No

Date Approved: \_\_\_\_\_ Date Employee Notified: \_\_\_\_\_