REQUEST FOR RELIGIOUS EXEMPTION / ACCOMMODATION RELATED TO COVID-19 VACCINATION

Clark Atlanta University (the “University”) is committed to providing equal employment and educational opportunities without regard to any protected status and a work and educational environment that is free of unlawful harassment, discrimination, and retaliation. As such, the University is committed to complying with all laws protecting students’ and employees’ religious beliefs and practices. When requested, the University will provide an exemption/reasonable accommodation for students' and employees' sincerely held religious beliefs and practices which prohibit the student or employee from receiving a COVID-19 vaccine, provided the requested accommodation is reasonable and does not create an undue hardship for the University or pose a direct threat to the health and/or safety of others in the workplace, educational environment, residence halls (if applicable) and/or to the requesting student or employee. To request an Exemption/Accommodation related to the University’s COVID-19 vaccination requirement, please complete this form and return it to Human Resources (if an employee) or Student Affairs (if a student). This information will be used by Human Resources, Student Affairs or other appropriate personnel to engage in an interactive process to determine eligibly for and to identify possible accommodations. If a student or employee refuses to provide such information, such a refusal may impact the University’s ability to adequately understand the individual’s request or effectively engage in the interactive process to identify possible accommodations.

Name: ___________________________________ 900 #: _______________ Date of Request: _________________

Please explain below why you are requesting a Religious Exemption/Accommodation
(Use additional paper, if needed):

__________________________________________________________________________________________
__________________________________________________________________________________________

Your request must be accompanied by the provided “Affidavit of Religious Objection to COVID-19 Vaccination”. In some cases, the University will need to obtain additional information and/or documentation about your sincerely held religious practice(s) or belief(s). The University may need to discuss the nature of your religious belief(s), practice(s), and accommodation with your religion’s spiritual leader (if applicable) or religious scholars to address your request for an exemption.

If requested, can you provide documentation to support your belief(s) and need for an accommodation?

__ Yes __ No

If no, please explain why (Use additional paper, if needed): _______________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

Verification and Accuracy
I verify that the information I am submitting in support of my request for an accommodation is complete and accurate to the best of my knowledge, and I understand that any intentional misrepresentation contained in this request may result in disciplinary action. I also understand that my request for an accommodation may not be granted if it is not reasonable, if it poses a direct threat to the health and/or safety of others in the workplace, school environment, housing facilities and/or to me, or if it creates an undue hardship on the University.

Signature: _____________________________________
AFFIDAVIT OF RELIGIOUS OBJECTION TO COVID-19 VACCINATION

_____________________________________(Print Name of Student or Employee) personally appeared before the undersigned notary public and swore or affirmed as follows:

1. I, the undersigned, certify that I am over eighteen (18) years of age and competent to make this affidavit.

2. I understand that Clark Atlanta University requires all students and employees to be vaccinated and provide documented proof of vaccination against COVID-19 before being enrolled at the University and/or allowed to routinely appear on campus full time for the Fall 2021 academic semester.

3. I understand that Clark Atlanta University has determined:
   
   a. that the required vaccination is necessary to prevent the spread of COVID-19 among students and employees of the University;
   
   b. that data evaluated by the U.S. Food and Drug Administration (FDA) as of the date of this affidavit has shown that the required vaccinations are at least 85% effective in preventing the spread of COVID-19 and have therefore been given emergency use authorization by the FDA;
   
   c. that a student or employee who does not receive the required vaccination is at increased risk of contracting COVID-19 while on campus; and
   
   d. that a student or employee who does not receive the required vaccination is at risk of spreading COVID-19 to me, to other students or employees at the University, and to other persons.

4. I sincerely affirm that vaccination is contrary to my religious beliefs, and that my objections to this vaccination are not based solely on grounds of personal philosophy, preference or inconvenience.

5. I understand and accept that, notwithstanding my religious objections, I may be excluded from on-campus facilities, including student housing facilities (if a student), during an epidemic, pandemic or threatened epidemic or pandemic of any disease preventable by a vaccination required by the University, and that I may still be required to later receive the vaccination if required by the Georgia Department of Public Health as provided in Georgia Code Section 31-12-3 and DPH Rule 511-9-1-.03(2)(d).

I certify that the foregoing is true and correct.
This______ day of ________________________, 2021.

____________________________________
Student or Employee Signature 900 #

Sworn and subscribed before me
This _____ day of_____________________, 2021.

________________________________________
Notary Public

My commission expires: __________________ .