



Duke University/Duke University Health System
Application for Religious Exemption
Influenza

Please complete the following information (please print):

Name (last, first): _____ Duke Unique ID: _____

Job Title: _____ Work Area: _____

Email Address: _____ Best Phone Number: _____

Supervisor: _____

Should your exemption request for influenza be approved and should the prevalence within the community rise to a concerning level, the Duke Infectious Disease program with the support of Duke Health senior leadership may institute additional controls to limit the spread. PLEASE NOTE: This religious exemption requires renewal after the initial approved period.

I was approved for a religious exemption last year and certify that my beliefs have not changed since that time. (If you check this box, proceed to signature.)

Describe your religious beliefs that are contrary to receiving the specified vaccination(s):

Multiple horizontal lines provided for describing religious beliefs.

Submit your completed form to Staff and Labor Relations at hrslrpolicies@duke.edu . All information requested must be provided and all questions must be answered in order for your request to be considered. Information will be kept confidential. If your exemption request for influenza is approved, it will then be recorded in your OESO compliance record within one week. You may check your OESO safety compliance record at http://www.safety.duke.edu/

By signing and submitting this form, I acknowledge that the information provided accurately reflects my sincerely held religious beliefs. That I will not have the protection afforded by the specified vaccine(s) and I knowingly agree to assume the risks associated with being an unvaccinated employee at Duke University/Duke University Hospital System.

Signature of Employee: _____

Date: _____