



UNIVERSITY of DENVER

STUDENT AFFAIRS & INCLUSIVE EXCELLENCE
Health & Counseling Center

NON-MEDICAL EXEMPTION REQUEST

FROM THE UNIVERSITY OF DENVER COVID-19 VACCINATION REQUIREMENT

Given the unpredictability of COVID-19, in the event of worsening conditions on campus, in the surrounding community, or in the state, individuals with an approved exemption for non-medical reasons may be instructed to remain off campus during a disease outbreak and/or be expected to quarantine. If this were to occur, the University will not refund tuition, fees, housing charges or other expenses for students who must leave campus or quarantine.

Name: _____

Date of Birth: _____

University ID#: _____

I am the individual or parent/guardian of the individual named above (if the individual is under 18 years of age), and I am seeking an exemption (on the basis specified below) from the requirement to receive COVID-19 vaccination at this time. Please check applicable box(es):

- I am opposed to receiving vaccination or booster against COVID-19 based on a conflict with my sincerely held RELIGIOUS beliefs.
- I am opposed to receiving vaccination or booster against COVID-19 based on a conflict with my PHILOSOPHICAL beliefs.

Briefly explain why the receiving vaccination or booster conflicts with your religious or philosophical beliefs:

- I understand that I must submit a request for a non-medical exemption annually to address the vaccination requirement prior to arriving on or returning to campus.
- I also understand that DU may require individuals who are not up-to-date with their vaccination against COVID-19 to follow additional mitigation protocols, such as quarantining before arriving on or returning to campus, after travel, or following exposure to COVID-19, more frequent testing, social distancing, and wearing face coverings.
- I understand that submission of this document does not constitute a request for accommodation related to my participation in academic or other programs as a student at DU or my employment and that I will need to contact the [Disability Services Program](#) or the [ADA Coordinator](#), respectively, to engage in the interactive accommodation process.
- I have had the opportunity to review the information provided by [CDPHE](#) and the [Centers for Disease Control & Prevention](#) about the COVID-19 vaccines and how they work, as well as the [benefits of receiving the COVID-19 vaccine](#).
- I understand that I may change my mind at any time and pursue COVID-19 vaccination in the future.
- I acknowledge that I have read this document in its entirety and the information I have provided on this form is complete and accurate.

Signature _____

Date _____

(or Parent/Guardian Signature if Individual is under 18 years of age)

The University of Denver requires an actual signature. An adobe digital ID will be rejected.

Name of Parent/Guardian (if applicable) _____

Relationship to Individual (if applicable): Mother Father Legal Guardian