



STATEMENT OF CREED/RELIGIOUS BELIEF COVID-19 VACCINE EXEMPTION FORM

Send completed Exemption Form marked as "confidential" to: Diana at dbrookes@regionofwaterloo.ca

Employee Information	
Last Name:	First Name:
Email:	Job Description/Title:
Division:	Department:

Section A – Declaration

Reason for Exemption (to be completed by the Employee, Volunteer or Student, as applicable)

I, _____, attest that receiving the COVID-19 vaccine conflicts with my sincerely held convictions based on my religion or creed and request an exemption from the requirement to either provide proof of full-vaccination, or participate in a COVID-19 vaccination educational program, for non-medical reasons as explained below.

Please explain the basis for your religion/creed exemption request below, including but not limited to:

a) What is your religious faith/creed?

b) How or why does your religious faith/creed prevent you from receiving the COVID-19 vaccination?

c) Any other information you believe the Region should consider in reviewing your exemption request?



Region of Waterloo

Section B – Employee Declaration – COVID-19 Risks

By submitting this form and requesting this religious/creed exemption, I acknowledge the following:

- I understand the purpose, risks, benefits, as well as possible consequences associated with declining the COVID-19 vaccine.
- I am aware that by declining the COVID-19 vaccination I may not be permitted to work with certain individuals or in certain workplace areas in the event of an outbreak.
- I have had the opportunity to ask questions concerning the COVID-19 vaccine, which were answered to my satisfaction.
- If there is any change to my status, I will notify the Occupational Health and Safety Department to update my COVID-19 vaccination status.
- I am aware that even if I am found to have a religious/creed exemption, I will be required to participate in COVID-19 Rapid Antigen Testing.

Please note that in some cases the Region may need to obtain additional information and/or documentation about your creed/religious practice(s) or belief(s). We may need to discuss the nature of your creed/religious beliefs and practices with your religion's spiritual leader (if applicable) or creed/religious scholars to address your request for exemption from the COVID-19 vaccination.

Employee/Volunteer/Student signature: _____

Date: _____