



## Influenza Vaccination Program: Employee Request for Religious Accommodation

Weill Cornell Medicine is committed to supporting a diverse, equitable, and inclusive environment. If your religious beliefs or practices conflict with WCM's influenza vaccination requirement, please complete this form and submit it to [exemptionrequest@med.cornell.edu](mailto:exemptionrequest@med.cornell.edu).

Employee Name

Phone Number  CWID

Department  Title

Office Address

Please explain in your own words why you are seeking a religious accommodation. Provide the religious principles that guide your objection to immunization and indicate whether you are opposed to all immunizations, and if not, the religious basis on which you object to influenza vaccination.

The following certification may be required if there is an objective basis for questioning the religious nature of the request. You may also secure the certification voluntarily as part of your submission regardless of whether it is subsequently requested.

### For Religious/Spiritual Leader

I am a religious/spiritual leader at \_\_\_\_\_ and hereby certify that the above information provided by \_\_\_\_\_ who is a member of my religious organization is accurate and that this is a request for a religious accommodation from the influenza vaccine requirement at Weill Cornell Medicine.

Religious Leader Name

Religious Leader Signature  Date

Name of Institution

Address of Institution

**For WCM Employee: Verification and Accuracy**

I am requesting a religious accommodation from Weill Cornell Medicine's influenza vaccination requirement.

I verify that the information I am submitting to corroborate my request for accommodation from Weill Cornell Medicine's vaccination policy is true and accurate to the best of my knowledge. I understand that any falsified information can lead to disciplinary action, up to and including termination.

I further understand that Weill Cornell Medicine is not required to provide this accommodation if doing so would create an undue hardship for Weill Cornell Medicine.

Employee Name

Employee Signature

Date

**Please submit your completed form to**

**[exemptionrequest@med.cornell.edu](mailto:exemptionrequest@med.cornell.edu)**

Questions? Contact [exemptionrequest@med.cornell.edu](mailto:exemptionrequest@med.cornell.edu)

Req #