

# Employees: medical and religious belief exemption from required immunization

Date: \_\_\_\_\_

Goshen College is requiring that employees be vaccinated against COVID-19, a specific communicable and preventable virus for which there are now safe and effective vaccinations available. This requirement protects the health and safety of students, employees and the surrounding community.

This form documents exemptions, due to medical or religious beliefs from COVID-19. Below select if you are pursuing a medical or religious exemption.

**Medical exemption**

*This exemption is for any employee who is unable to receive a COVID-19 vaccine required by Goshen College due to a medical contraindication. The medical exemption will apply for the duration of the employee’s employment at Goshen College. Please ask your medical provider to provide documentation indicating the medical contraindication to the Human Resources Office at [hr@goshen.edu](mailto:hr@goshen.edu).*

**Religious exemption**

*This exemption is for any employee who objects to a vaccine on the basis of religious belief. The religious exemption is permanent, and will apply for the duration of the employee’s employment at Goshen College or until the employee chooses to be immunized due to a change in their religious belief. Submit this completed form to the Human Resources Office at [hr@goshen.edu](mailto:hr@goshen.edu).*

I, \_\_\_\_\_,  
(print name of employee)

hereby certify that the administration of any vaccine against the illnesses indicated above is contrary to my medical well-being or personal religious belief. I understand that if there is a communicable disease outbreak on campus. I may be temporarily excluded from employment at the discretion of Goshen College. This is pursuant to my right to refuse vaccinations against the indicated illness on the grounds that those vaccinations conflict with my religious beliefs or medical condition as noted in the medical documentation I have provided the college. Pursuant to Indiana statute IC 20-34-3-2, I am providing a copy of this statement to Goshen College.

Therefore, I hereby waive any claim on Goshen College concerning this and certify that I will never in any way hold Goshen College responsible for any consequences which may result from this decision. This is a total and complete release by me of Goshen College responsibility, and a full acceptance of responsibility by me for this decision to forgo the required immunizations.

\_\_\_\_\_  
**Employee signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Employer**  
(director of human resources)

\_\_\_\_\_  
**Date**