UWHealth

INFLUENZA VACCINE RELIGIOUS WAIVER

The Centers for Disease Control and Prevention emphasizes the importance of vaccinating every health care worker in a healthcare institution to protect patients, their families, and co-workers. Every increase in vaccination level leads to greater protection for all. Vaccination of health care employees serves several purposes: (1) to prevent transmission to patients, including those with a lower likelihood of vaccination response themselves; (2) to reduce the risk that the employee will become infected; (3) to create "herd immunity" that protects both employees and patients who are unable to receive vaccine or unlikely to respond with a sufficient antibody response; (4) to maintain a critical societal workforce during disease outbreaks; and (5) to set an example concerning the importance of vaccination for every person. All employees will contribute to the protection of our patients, their families, and each other by being immunized unless that employee submits a valid request for a waiver based on medical or religious reasons.

A request for religious waiver is to be made ***only*** by those holding a system of sincerely held religious beliefs, including theistic beliefs as well moral or ethical beliefs as to what is right and wrong which are sincerely held with the strength of traditional religious views. This does not include beliefs regarding social, economic, or political philosophies or mere personal preferences.

Response Required: Please explain what specifically about receiving the vaccine goes against your sincerely held religious beliefs.

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I decline the Influenza vaccine due to my sincerely held religious beliefs. I attest the information provided on this waiver is true to the best of my knowledge.

I acknowledge that I am aware that employees who receive an influenza exemption due to a waiver are required by the Healthcare Epidemiologist to always wear barrier masks while on UW Health clinical and non-clinical premises per Policy 9.75: Influenza Vaccination Compliance.

I understand that this request for a waiver will be reviewed within 10 business days of submission. This request may be approved, denied, or conditioned on the use of other appropriate infection control measures, or other appropriate accommodations, including job reassignment. I understand I may be asked to provide additional information in support of this request

_____ _____ _____

(PRINT) Employee Name* Employee Signature Date of Birth

If under 18 years of age, parental/guardian signature also required.

_____ _____ _____

(PRINT) Parent/Guardian Name ⇦ Parent/ Guardian Signature Date

**Required if employee is under 18 years of age*

PLEASE RETURN COMPLETED WAIVER TO THE APPROPRIATE DEPARTMENT

UWHC or UWMF: Employee Health Services
700 University Bay Drive, Suite 101
Madison, WI 53705
Interdepartmental Mail Code: 6715
Fax: 608-262-7284
Scan/email to: hremployeehealth@uwhealth.org

UWSMPH: Dean's Office Human Resources,
Health Sciences Learning Center, Room 4150
750 Highland Avenue, Madison, WI 53705
Fax: 608-262-9515
Scan/email: HR-Compliance@med.wisc.edu

NOTE: Waiver Exemptions, either temporary or permanent, may be revoked based on changes in infection risk, immunization options, or other changes that may impact risk-benefit decisions.

For EHS use only: Reviewed by Medical Director/APP on: _____ ☐ Approved ☐ Denied

Rationale: _____

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Signature: _____ Date: _____

Last updated: April 2025