

CREED OR RELIGIOUS BELIEF EXEMPTION REQUEST FORM

**REQUEST FOR EXEMPTION OF MANDATORY VACCINATION FOR CAMPUS
ACTIVITIES**

SECTION 1 – REQUESTER INFORMATION			
Last Name		First Name	
Lakehead University Student ID or Employee Number (if applicable)			
Unit Number	Street Number	Street Name	P.O. Box
City/Town		Province	Postal Code
SECTION 2 - PARENT/LEGAL GUARDIAN INFORMATION (FOR INDIVIDUALS UNDER 18 YEARS OF AGE)			
Last Name		First Name	
Telephone Number		Email Address	
SECTION 3 – DECLARATION OF REQUESTER			
<p><i>Please explain within the text box below or by way of an attached letter why you are unable to be vaccinated due to your religion/creed. Please ensure you provide background on your religious belief/creed and connect the religious belief/creed to the reason you are requesting an exemption. If possible, please provide supporting documentation published by religious leaders or others practicing your religion/creed.</i></p>			

SECTION 4 - DECLARATION OF RELIGIOUS LEADER OR WITNESS*(witness may be a parent or guardian if the Requester is under the age of 18)*

I, _____
(Name of religious leader, parent, or guardian)

certify that, due to religious belief and/or creed, the named person should be exempted from the requirements of Lakehead University for persons attending University campuses or events to be vaccinated against COVID-19 with a Health Canada- or WHO-approved vaccine.

Please state the reason(s) for the accommodation request here.
 Please describe the religious belief(s) and/or creed(s) that precludes vaccination.

SECTION 5 – SIGNATURE OF RELIGIOUS LEADER OR WITNESS

Name of Religious Leader or Witness

Business Address

Unit Number	Street Number	Street Name	P.O.Box
City/Town	Province/State/Country		Postal Code
Signature of religious Leader or Witness			Date

SECTION 6 - IMPORTANT INFORMATION (PLEASE READ)

Lakehead University ("Lakehead") requires that all persons attending University campuses or events be vaccinated against COVID-19 unless they have a valid exemption.

In order to receive a valid exemption for non-medical reasons, the person (or their parent or legal guardian if the person is under the age of 18) must complete this Request for Creed or Religious Belief Exemption form and have it sworn or affirmed before a Commissioner of Oaths.

The person/parent/legal guardian must submit the properly completed form to:

- a) employeeCOVIDexemptions@lakeheadu.ca for employees; or
- b) studentCOVIDexemptions@lakeheadu.ca for students.

Risks of not being vaccinated:

You may be more likely to be exposed to the COVID-19 virus than others if you live in a group setting or participate in group activities in closed/crowded spaces where the COVID-19 virus may transmit more easily.

COVID-19 can result in severe illness. Those who are at particular risk of developing more severe disease or outcomes from COVID-19 are people:

- who are an older adult (increasing risk with each decade, especially over 60 years)
- of any age with chronic medical conditions, including: lung disease, heart disease, high blood pressure, diabetes, kidney disease, liver disease, dementia, or stroke
- of any age who are immunocompromised, including those with an underlying medical condition, such as cancer or those taking medications which lower the immune system, such as chemotherapy
- living with obesity, such as having a body mass index (BMI) of 40 or higher

Vaccination is one of the most effective ways to protect our families, communities, and ourselves against COVID-19. Evidence indicates that vaccines are effective at preventing serious outcomes, such as severe illness, hospitalization, and death due to COVID-19. A growing body of evidence indicates that people fully vaccinated with an mRNA vaccine (Pfizer-BioNTech and Moderna) are less likely to have asymptomatic infection or to transmit COVID-19 to others. Sources:

<https://www.canada.ca/en/public-health/services/diseases/2019-novelcoronavirus-infection/prevention-risks.html#vaccination>; <https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/fully-vaccinatedpeople.html>

I, _____ am a person who wishes to attend Lakehead University campuses or events and make oath or solemnly affirm and say as follows:

1. The requirements of Lakehead's mandatory vaccination policy for persons attending University campuses or events conflict with my sincerely held convictions based on my creed/religion.
2. I understand that should an outbreak occur, Thunder Bay District Health Unit or Simcoe Muskoka District Health Unit or Lakehead may impose additional restrictions or requirements on me/my child for health and safety reasons which may not apply to others on campus who have been fully vaccinated.
3. I understand that Lakehead may require me/my child to follow additional health and safety protocols, including, but not limited to:
 - a. Mandatory COVID testing and disclosure of test results (see [Lakehead University Testing Protocols](#));
 - b. Masking and/or physical distancing; and/or
 - c. Remote working/learning.
4. I understand that I/my child may choose to be vaccinated at a later date and that vaccinations are available at multiple locations including on Lakehead University campuses.
5. I request that I/my child be exempted from the vaccination requirements of Lakehead.

[* CLICK HERE FOR IMPORTANT DATES *](#)

SECTION 7 – SIGNATURE OF COMMISSIONER OF OATHS

SWORN OR SOLEMNLY
AFFIRMED before me
at

(Municipality)

(Province/State)

(Country)

on

(dd/mm/yyyy)

Signature of Commissioner of Oaths

Type or print name if signature is
illegible

Signature of Requester/Parent/Legal
Guardian

As per section 366 of the Criminal Code, it is an offence to make a false document, knowing it to be false, with intent that a person should be induced, by the belief that it is genuine, to do or to refrain from doing anything.

Personal information on this form is collected under the authority of the Lakehead University Act and will be used to determine the qualification of the person identified on this form for nonmedical exemption from the requirements of Lakehead University's Mandatory COVID-19 Vaccination Policy, and for other purposes as more particularly set out in such Policy. Questions about this collection should be directed to privacy@lakeheadu.ca. Lakehead University complies with the *Freedom of Information and Protection of Privacy Act*.