



EMPLOYEE EXEMPTION FORM
Exemption from COVID-19
Vaccination Policy for Approved Reasons

To receive an exemption from Texas Lutheran University's COVID-19 vaccination requirements, a separate signed affidavit must be submitted for each individual. PLEASE COMPLETE ALL OF THE FOLLOWING SECTIONS

EMPLOYEE'S INFORMATION:

Form with fields for First Name, Middle Name, Last Name, Date of Birth (MM/DD/YYYY), TLU ID Number, and TLU Email Address.

I do NOT want to receive the COVID-19 vaccination for one of the following reasons: Sincerely held religious beliefs (Title VII), medical conditions (ADA), refusal of an FDA Emergency Use Authorized vaccination (FFDCA), or the election to not provide vaccination status or exemption reason provided by the Texas Governor's Executive Order (GA-35).

I have read and understand the Benefits of Getting a COVID-19 Vaccination information linked below. I understand the risks of not vaccinating myself. I further understand that I will not be denied services due to this election. I acknowledge that this election may establish additional requirements to receive services (i.e., asymptomatic testing, temperature screening, and symptom screenings) or exclusion from specific university environment or events in times of emergency or epidemic declared by the Centers for Disease Control and Prevention, Texas Department of State Health Services, county health officials, or university officials.

Benefits of Getting a COVID-19 Vaccine: https://www.cdc.gov/coronavirus/2019-ncov/vaccines/vaccine-benefits.html

I certify that I am signing for myself as an adult and that the information provided here is true and correct:

Signature and Date of signature fields.

BEFORE ME, the undersigned authority, on this day personally appeared _____ and being by me first duly sworn, did state under oath the following: My name is _____. I am over the age of eighteen years, fully competent and authorized to make this affidavit based on my personal knowledge.

SUBSCRIBED and SWORN to before me by the said affiant, this ____ day of _____ 20__.

NOTARY PUBLIC, _____ State

Affix Seal