



University of Nebraska at Omaha

Religious Accommodation Request Form – MMR Immunization

Students

To safeguard the health and safety of the academic community the University of Nebraska at Omaha (UNO) requires students, provide family documents or private physician records as proof of two (2) doses of the Measles, Mumps, and Rebella vaccine (MMR) If you hold a sincerely held religious belief, practice, or observance that conflicts with this requirement, you may request a religious accommodation by completing and submitting this form to the Office of Diversity, Equity, Access and Inclusion (DEAI), University of Nebraska at Omaha, 211 Eppley Administration Building, Omaha, Nebraska 68182, or by emailing the form to uno_deai@unomaha.edu. The information provided by you will be reviewed by representatives of the University as part of an interactive process to determine your eligibility for, and to identify, potential accommodations.

Contact Information

Name:

Date of Request:

NUID:

Phone Number:

Email:

Basis for the Request

Please explain below why you are seeking a religious accommodation and how the requirement of these immunizations' conflicts with one or more of your sincerely held religious beliefs, practices, or observances (please attach additional sheets if necessary):

In some cases, University representatives may need to obtain additional information and/or documentation about your religious practices, beliefs, or observances and may also need to discuss the nature of your religious beliefs, practices, or observances with your religion's spiritual leader (if applicable) or religious scholars to address your accommodation request.

Verification

I verify that the information I am submitting in support of my request for a religious accommodation is complete and accurate to the best of my knowledge and that my request is based on a sincerely held religious belief, practice, or observance. I specifically affirm that I hold or adhere to a sincere religious belief, practice or observance that conflicts with, or prohibits me from, obtaining an immunization. I understand that any intentional misrepresentation contained within this request could result in disciplinary action.

I understand and acknowledge that my request for a religious accommodation may not be granted or may be revoked if it is deemed unreasonable, if it poses a direct threat to the health or safety of me or others, or if it results in more than a de minimis burden on the University.

I also understand and agree that, as an accommodation, I may be required to follow other healthcare practices or protocols to safeguard against the transmission of measles should the illness be reported on campus and this may include, remaining off campus. I understand and acknowledge my obligation to safeguard other members of the academic community by engaging in those healthcare practices and protocols that do not conflict with my sincerely held religious beliefs, practices, or observances, and to immediately remove myself from campus if I begin to experience any symptoms that may be indicative of the measles virus.

I further acknowledge and agree that I may be subject to discipline, including expulsion, if I fail to strictly adhere to any practices or protocols that are placed upon me as part of an accommodation. In addition, I fully assume all risks associated with not wearing a face covering, including without limitation the risk of infection, illness, permanent or sustained health complications, and even death.

Signature _____

Date _____