



STATEMENT OF RELIGIOUS/CREED EXEMPTION REQUIRED VACCINATION FOR ACCESS TO CAMPUS

I am Student Employee

INFORMATION

First Name: _____

Last Name: _____

CBU Email Address: _____

Student/Employee Number: _____

Cape Breton University (CBU) requires that all students and employees who will access campus be fully vaccinated against COVID-19, unless they have a valid and approved exemption for reasons protected by the Nova Scotia Human Rights Act.

By submitting this form, I am asking that I be exempted from vaccination requirements due to a Religious/Creed belief. I certify that the information below was sworn or affirmed before a Notary Public.

Students and employees must submit this properly completed form through the exemption request in AppArmor.

I understand that CBU reserves the right to impose additional restrictions or requirements on me for health and safety reasons which may not apply to other individuals on campus who have been fully vaccinated.

I understand that if this exemption is approved, CBU will require me to be tested as set out in CBU's Vaccination and Testing Policy and that I will be required to verify my twice-weekly testing in order to access campus.

I understand that if this exemption is approved, CBU may require me to follow additional health and safety protocols, including, but not limited to masking, social distancing and twice-weekly rapid COVID-19 testing.

I _____ am a student or employee of Cape Breton University and make oath or solemnly affirm and say as follows:

1. The requirements of Cape Breton University's vaccination policy conflict with my sincerely held convictions based on religion/creed.

Please state the reason(s) for the accommodation request below. Please describe the religious belief(s) and/or creed(s) that preclude you from being vaccinated:

- 2. I understand that CBU reserves the right to impose additional restrictions or requirements on me for health and safety reasons which may not apply to other individuals on campus who have been fully vaccinated.
- 3. I understand that if this exemption is approved, CBU will require me to be tested as set out in CBU's Vaccination and Testing Policy and that I will be required to verify my twice-weekly testing in order to access campus.
- 4. I understand that if this exemption is approved, CBU may require me to follow additional health and safety protocols, including, but not limited to masking, social distancing and twice-weekly rapid COVID-19 testing.
- 5. I request that I be exempted from the vaccination requirements of Cape Breton University.

Signature of Individual: _____

Date: _____

INFORMATION OF NOTARY PUBLIC

Sworn or solemnly affirmed before me at (_____) in
city
(_____) on (_____).
country date

Signature of Notary Public: _____

Printed Name of Notary Public: _____

As per section 366 of the Criminal Code, it is an offence to make a false document, knowing it to be false, with the 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 will be used to determine the qualification of the individual identified on this form for medical exemption from the requirements of Cape Breton University's Vaccination and Testing Policy. Questions about this collection should be directed to covidquestions@cbu.ca