

STATEMENT OF CREED/RELIGIOUS BELIEF
for an Exemption from
YORK UNIVERSITY'S VACCINATION MANDATE

Please submit the properly completed form to [YU Screen](#). Submissions can be made starting September 7, 2021.

SECTION 1 - REQUESTER INFORMATION				
Last Name		First Name		
Employee or Student No.				
Unit Number	Street Number	Street Name		P.O. Box
City/Town	Province/State	Country	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)

I,

-

(Name of religious leader, parent, or guardian)

certify that, due to a religious belief and/or creed, the named person should be exempted from the requirements of York University for persons attending University campus 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 preclude the person from being vaccinated.

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)

As of September 7, 2021, York University (“York”) requires that all university community members attending on campus or otherwise participating in In-person activities this fall provide proof of vaccination against COVID-19, subject to medical and human rights exemptions, in accordance with all applicable laws and regulations.

In order to receive a valid exemption for non-medical human rights reasons, a university community member must complete this Statement of Creed form and have it sworn or affirmed by a Commissioner of Oaths.

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 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: Government of [Canada](#); City Of [Toronto](#)

I, _____ make oath or solemnly affirm and say as follows:

1. York's Vaccination Mandate requiring every university community member who seeks to attend on campus or otherwise participate in In-person activities to provide proof of vaccination against COVID-19 conflicts with my sincerely held creed /religious beliefs.
2. I understand that the Toronto Public Health Unit or York may impose additional restrictions or requirements on me for health and safety reasons which may not apply to other university community members who have been fully vaccinated.
3. I understand that I may choose to be vaccinated at a later date and that York will assist to facilitate access to COVID-19 vaccines for university community members.
4. I request to be exempted from the vaccination requirement of York University for university community members attending on York University premises.

SWORN OR SOLEMNLY AFFIRMED before me

at _____

(municipality)

on _____

(Province, State, or Country)

on _____

(dd/mm/yyyy)

Signature of University Community Member
exemption



Signature of Commissioner of Oaths	
Type or print name if signature is illegible	

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 that you provide to the University on this form is collected under the authority of the York University Act, 1965. The information will be used to determine exemptions from York University's COVID-19 Vaccination Mandate. We are committed to the protection of privacy and will safeguard your personal information in accordance with the *Freedom of Information and Protection of Privacy Act (FIPPA)*. If you have questions, please contact the York University Information, Privacy and Copyright Office at info.priv@yorku.ca.

