



## University of the Incarnate Word

### Request for Covid Vaccine Exemption Form for Reasons of Personal Conscience

Name: \_\_\_\_\_  
PIDM: \_\_\_\_\_ College/Program Affiliation: \_\_\_\_\_  
Cardinal Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Pursuant to Texas Governor Greg Abbott's Executive Order GA 40, UIW will provide arrangement(s) for any student who objects to the receipt of a COVID-19 vaccination for any reason of personal conscience and follows the instructions set forth in this form, and to the extent it does not cause undue hardship on the University.**

If you object to receipt of the COVID-19 vaccine due to any reason of personal conscience, you must complete the attached affidavit in its entirety, have it notarized, and submit it to Student Disability Services (SDS).

You are encouraged to review the benefits of receiving the COVID-19 Vaccination and the risks of not being vaccinated for COVID-19 at <http://bit.ly/covid19vaccinebenefits>.

**UIW students are not currently required to receive the Covid-19 vaccination, however, some students, as part of their educational experience, may be required to enter external clinic environments or care facilities where the vaccine is required.**

Students who are granted an exemption from the COVID-19 vaccine requirement may be required to follow other safety rules as part of the exemption such as routine COVID-19 testing, certain grade of face masks, clinical setting reassignment, symptom screenings, and exclusion from specific university activities in times of increased spread face of contagion or emergency declarations by federal, state and local public health authorities, or university officials. Exemptions made for reason of personal conscience may be modified or rescinded at any time in accordance with state or federal laws.

	I do not want to receive the COVID-19 vaccine for reasons of personal conscience.
	I agree to comply with applicable UIW's COVID-19 policies and COVID-19 mitigation requirements, such as testing and other preventative measures, which shall be determined by UIW and/or by external sites connected with my educational experience and may be subject to change from time to time.
	I understand that in the event of an outbreak or threatened outbreak, I may be temporarily excluded or reassigned from university facilities and approved activities (including but not limited to university-owned housing). I agree to comply with these restrictions and accept responsibility for communicating with The Office

	of Student Disability Services as appropriate to allow compliance with health and safety requirements for unvaccinated individuals.
	Should I contract COVID-19, I will immediately report it by using the <a href="#">UIW COVID-19 Illness Reporting Form</a> and comply with all isolation and quarantine procedures specified by UIW and remove myself from the University community, if so advised.
	I acknowledge that I have read the <a href="#">CDC COVID-19 Vaccine Information</a> .
	I understand that, if approved, this exemption is provisional based on the current UIW COVID-19 policies and state and federal law and is subject to change based on requirements moving forward.
	I certify that the information I have provided in connection with this request is accurate and complete as of the date of submission. I understand this exemption may be revoked and I may be subject to disciplinary action if any of the information I provided in support of this exemption is false or if I fail to comply with UIW policies.

**I certify that the information provided by me in this Affidavit is true and correct and that I am competent to make this affidavit.**

**Printed Student Name:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

BEFORE ME, the undersigned 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 me by the said affiant, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

(SEAL)

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**NOTARY PUBLIC, STATE OF TEXAS**

Once you have completed this document, it must be submitted to Student Disability Services (SDS) in person, via fax or email. An SDS representative will contact you to continue the process. Please be attentive to your Cardinal email:

**If you have any questions, please contact us at:**

Student Disability Services  
University of the Incarnate Word  
4301 Broadway, San Antonio, TX 78209  
PHONE & FAX: 210.829.3997  
EMAIL: [beasley@uiwtx.edu](mailto:beasley@uiwtx.edu) or [sds@uiwtx.edu](mailto:sds@uiwtx.edu)