**** COVID-19 CAMPUS ACCESS POLICY:

**REQUEST FOR ACCOMMODATION RELATED TO CREED/RELIGION**

To protect the health and safety of our community, Assiniboine Community College (ACC) has mandated that students and employees obtain an approved COVID-19 vaccination(s) to attend classes or work on campus, use indoor recreation facilities on campus, or to otherwise access indoor campus spaces. ACC will consider individual requests for reasonable accommodation from students and employees for whom obtaining a COVID-19 vaccine would contravene their creed/ religious beliefs.

**PLEASE READ CAREFULLY:**

* Requests for creed/religious reasonable accommodations related to the COVID-19 vaccine will only be considered upon completion and presentation of this form. **Incomplete applications will not be reviewed.**
* A reasonable accommodation may be provided upon receipt of adequate information from the Applicant if it does not represent undue hardship to the College. **Completion and submission of this form does not guarantee approval of a reasonable accommodation.**
* The information provided by the Applicant must be satisfactory, as reasonably determined by ACC for the College to properly consider the request for reasonable accommodation. The College reserves the right to seek additional information/documentation/clarification/verification to substantiate the request.
* **Do not come to campus in person unless you are able to comply with the COVID-19 Campus Access Policy.**
* This creed/religious exemption only applies to requests for reasonable accommodation related to ACC’s COVID-19 vaccination policy. If you are seeking other academic or workplace accommodations, please make a separate application in accordance with existing procedures. If you have a previously approved accommodation, you must still submit this form if you wish to be considered for a COVID-19 vaccination related accommodation.

**Risks of Not Being Vaccinated:**

* COVID-19 has a mortality rate of 2.5% in Canada, making it 25 times more lethal than the flu. COVID-19 appears to be more contagious and spread more quickly than the flu.
* Risks increase when spending time indoors with large groups of people, particularly when physical distancing is not possible.

**Benefits of Vaccination:**

* Studies have shown a significant increase in protection after two doses of a COVID-19 vaccine. Getting both doses, or a complete series, means better and longer protection from COVID-19 and a reduced chance of serious outcomes if you do get COVID-19.
* Even healthy young people should get vaccinated. COVID-19 variants are more contagious and even young people are being admitted to ICUs. But even if you don’t get seriously sick yourself, you can pass COVID-19 on to others, who can continue to spread the infection.

*(Sources: https://sharedhealthmb.ca/covid19/;* [*https://protectmb.ca/qa/*](https://protectmb.ca/qa/)*)*

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| **REQUEST FOR ACCOMMODATION RELATED TO CREED/RELIGION APPLICATION:** | |
| **Last Name:** | **First Name:** |
| **Select if you are a**:  Student  Employee | **Student/Employee #** |
| **Email Address:** | |
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| **By submitting this form, I am requesting that I be excused from the Assiniboine Community College COVID-19 vaccination requirement based on a creed/religious reasonable accommodation and affirm as follows:**   1. **I understand that Assiniboine Community College may require me to follow additional health and safety protocols, including, but not limited to:**     1. **Mandatory COVID-19 testing and disclosure of test results**    2. **Masking and/or physical distancing; and/or** 2. **I understand that should an outbreak occur, the Manitoba government, the Chief Medical Officer of Health, and/or Public Health may impose additional restrictions or requirements on me for health and safety reasons, which may not apply to fully vaccinated individuals who attend on College property, use College facilities or attend College events in person.** 3. **I consent to this completed form being provided to Assiniboine Community College COVID-19 Accommodation Services and agree that they may reach out to the religious leader to seek additional information.** | |
| **Please explain the basis for your creed/religious reasonable accommodation request, by answering the questions below with as much detail as possible. Attach another sheet of paper if additional space is required for your answers. You may be contacted for further information if needed**. | |
| 1. Describe below the religion or belief system that prohibits you from obtaining a COVID-19 vaccine, and how long you have been an adherent to that religion/belief system: | |
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| 1. Describe below, your particular belief(s) that would be violated by receiving a COVID-19 vaccination, and how receiving a COVID-19 vaccination would violate that belief(s): | |
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| 1. Describe below how the particular belief(s) that you described in question 2 is connected to the religion or belief system that you described in question 1: | |
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| 1. OPTIONAL: Have you taken other vaccines in the past?   Yes No (select one)How long ago?  If yes, please explain why you are requesting an accommodation related to the COVID-19 vaccine**:** | |
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| **Please provide us with documentation in support of your answers to questions 1-3 above.**  The documentation may include (but is not limited to):   * a declaration from your religious institution/community leader (priest, pastor, or other faith leader) (Appendix A); * documentary or other evidence tying the belief to the religion/faith and/or explaining how that belief does not permit you to obtain a COVID-19 vaccine; * evidence relating to your other current religious practices which demonstrates consistency of the belief. | |
| *By signing below, I certify that the information I have provided is accurate and complete as of the date of this request. I understand that I may be subject to disciplinary action up to and including termination of employment or expulsion from ACC (as applicable) if any of the information I provided in support of this request is false or misleading.* | |
| **SIGNATURE** | |
| **Signature of Applicant** | **Date** |
| **Print Name of Applicant** | |
| *To submit a Creed/Religious Accommodation Request Form, please scan and email a copy of the signed, completed application to:*  **Employee:**[humanresources@assiniboine.net](mailto:humanresources@assiniboine.net) **Student:** [COVID19Accommodations@Assiniboine.net](mailto:COVID19Accommodations@Assiniboine.net) | |
| *Your personal (health) information is collected for the purposes of processing and recording your exemption request in accordance with s.36(1)(b) of The Freedom of Information and Protection of Privacy Act and s.13(1) of The Personal Health Information Act. Questions regarding this collection may be sent to ACC’s Information and Privacy Officer at*[*AccessandPrivacy@assiniboine.net*](mailto:AccessandPrivacy@assiniboine.net)*.* | |

**Appendix A - DECLARATION OF RELIGIOUS LEADER**

I,       (*name of religious leader*) certify that, due to a religious belief and/or creed as described further below, the Applicant requires a reasonable accommodation related to the Assiniboine Community College’s COVID-19 Campus Access Policy.

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| **Please describe the religious belief(s) and/or creed(s) that preclude the person from being vaccinated with the COVID-19 vaccine (attach additional sheet as needed).** | | | | | | | |
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| **Please explain how you know the Applicant and their belief(s).** | | | | | | | |
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| **How long have you known the Applicant? Do they attend your religious services, and how often?** | | | | | | | |
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| *By signing below, I certify that the information I have provided is accurate and complete as of the date of this Declaration. I understand that the Applicant may be subject to disciplinary action up to and including termination of employment or expulsion from ACC (as applicable) if any of the information provided in support of their request is false or misleading.* | | | | | | | |
| **SIGNATURE OF RELIGIOUS LEADER:** | | | | | **DATE** | | |
| **PRINT NAME OF RELIGIOUS LEADER:** | | | | | | | |
| **BUSINESS ADDRESS:** | | | | | | | |
| **Unit Number** |  | **Street Number/Street Name/P.O. Box** | | | |  | |
| **City/Town** |  | | **Province** |  | | **Postal Code** |  |