

COVID-19 VACCINATION RELIGIOUS EXEMPTION REQUEST FORM

Consistent with federal law, {De-Identified} (the {De-Identified}) requires all team members and other personnel to be fully vaccinated against COVID-19, unless an exemption recognized by the law applies. To request an exemption from this vaccination requirement for religious reasons, please complete the following information before returning this form to the Vaccine Exemption Committee.

You do not need to answer every question on the form to be considered for an exemption; however, you are encouraged to provide as much information as possible to enable the {De-Identified} to fully evaluate your request. Where there is an objective basis to do so, the {De-Identified} may ask you for additional information to determine if you are legally entitled to an exemption. Objections to COVID-19 vaccinations based on non-religious reasons, including personal preferences or non-religious concerns about the vaccine, do not qualify for a religious exception.

In compliance with federal law, the {De-Identified} will consider several factors in assessing whether a request is based on a sincerely-held religious belief, including whether a person has acted in a manner inconsistent with their stated belief. But no one factor is determinative.

Section 1

Name (print):	Employee ID No.:
Dept.:	Position/Title:
Supervisor Name:	Work/Cell Phone:
E-mail Address:	

I am requesting a religious exemption regarding the COVID-19 vaccination. I verify that the information I am submitting to substantiate my request for exemption from the {De-Identified}'s vaccination requirements and policy as it relates to being fully vaccinated is true and accurate to the best of my knowledge. I understand that any intentional misrepresentation can lead to disciplinary action, up to and including termination.

I further understand that the {De-Identified} is not required to provide this accommodation if doing so would pose a direct threat to myself or others in the workplace or create an undue hardship for the {De-Identified}.

Employee Signature:	Date:
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Section 2

Explain in your own words why you are requesting this exemption. Include the moral, ethical or religious principles that guide your objection to immunization.

Are there any specific rituals, observances or practices related to this request and your beliefs?

How long have you adhered to these beliefs?

Have you received vaccines as an adult since you began adhering to these beliefs (*e.g.*, flu, tetanus)?

Submit this form via fax to xxx xxx-xxxx (please use a cover page) or via email to exemptions@xxx.org.

ADMINISTRATIVE USE ONLY

Initial Request Made: __/__/____ Certification Received: __/__/____

Request Approved __/__/____

Request Denied __/__/____ Reason: _____