

## **REQUEST FOR RELIGIOUS EXEMPTION OR ACCOMMODATION FROM MANDATORY COVID-19 VACCINATION**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Phone No: \_\_\_\_\_ E-mail: \_\_\_\_\_

To protect our employees, their families, our patients, and their families, and to protect the community from Sars-Cov-2 (COVID-19) and others who spend time in our facilities from acquiring or transmitting COVID-19, the EMPLOYER has adopted a policy that all employees must receive the COVID-19 vaccine or obtain a documented exemption as a condition of employment.

If you are seeking an exemption from the COVID vaccine based on a sincerely held religious belief and practice, please provide the following information:

1. Please describe the nature of your objection to the COVID-19 vaccination requirement.

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2. Would complying with the COVID-19 vaccination requirement substantially burden your religious exercise? If so, please explain how.

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3. How long have you held the religious belief underlying your objection?

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4. Please describe whether, as an adult, you have received any vaccines against any other diseases (*such as a flu vaccine or a tetanus vaccine*) and, if so, what vaccine you most recently received and when, to the best of your recollection.

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5. If you do not have a religious objection to the use of all vaccines, please explain why your objection is limited to COVID vaccines?

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6. If there are any other medicines or products that you do not use because of the religious belief underlying your objection, please identify them.

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7. Please provide any additional information that you think may be helpful in reviewing your request.
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### **VERIFICATION AND ACCURACY**

I have read and understand the EMPLOYER's policy on mandatory COVID-19 vaccines. By my signature below, I verify that my religious belief and practice is sincerely held. I understand that the EMPLOYER may request further information from me regarding my religious belief and practice to further evaluate my request for an exemption from receiving the COVID-19 vaccination. I understand that any intentional misrepresentation contained in this request may result in disciplinary action.

I also understand that my request for an exemption/accommodation may not be granted if it creates an undue hardship or if it poses a direct threat to the health and/or safety of others the workplace and/or to me.

Signed: \_\_\_\_\_

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

Print Name: \_\_\_\_\_