

COVID-19 Vaccine Religious Exemption Request

DUE: FEBRUARY 11, 2022

PRINT LEGAL NAME	Date of Birth
Employee ID Number:	Contact Number:
Job Title:	Department:
I certify I am one of the following: <input type="checkbox"/> Employee <input type="checkbox"/> Physician <input type="checkbox"/> Volunteer <input type="checkbox"/> Other	
I certify I am one of the following: <input type="checkbox"/> 100% Permanent Remote <input type="checkbox"/> Hybrid <input type="checkbox"/> On-Site	
I certify I am requesting a Religious Exemption to the following Approved Vaccines: <input type="checkbox"/> Moderna <input type="checkbox"/> Pfizer <input type="checkbox"/> Janssen (Johnson & Johnson)	

Pursuant to the interim final rule published by the Centers for Medicare and Medicaid Services (“CMS”), Medicare and Medicaid certified health care providers are required to have a policy and process in place ensuring all applicable personnel are vaccinated against COVID-19 unless such personnel qualify for a medical or religious exemption. This form was developed to start the process of determining if you may be eligible for a religious exemption to the Provider’s COVID-19 Vaccination Policy. You are encouraged to provide as much information as possible to better enable the Provider to fully evaluate your request. Where there is a reasonable basis to do so, the Provider may ask you for additional information as needed to evaluate your request.

Objections to the COVID-19 vaccinations that are based on non-religious reasons, including personal preferences or concerns do not qualify for a religious exemption. The Provider may consider several factors in assessing whether an exemption request is based on a sincerely held religious belief, including whether the applicant has acted in a manner inconsistent with the professed belief, while also recognizing that a person’s beliefs may change over time.

- c. Whether you have received vaccines as an adult against any other diseases (such as a flu vaccine or a tetanus vaccine):

- 4. Describe any alternate accommodations that might address your needs:

Verification

I verify that the information I am submitting in support of my request for a religious exemption from each of the COVID-19 vaccines is complete and accurate, and I understand that any intentional misrepresentation contained in this request may result in progressive discipline, up to and including termination of my employment or contractual arrangement.

****Exemption Request will be reviewed for approval, and you will be notified of that decision****

Employee Signature:	Date:
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Please return completed request to **[Insert Email]**. After the request has been submitted, it will be reviewed and employee will be notified of decision to grant the exemption (with or without conditions), deny the exemption, or request more information.