

Infection Prevention and Control

COVID-19 Vaccine Religious Exemption Form (Sample)

This facility will consider granting an employee a religious exemption from the COVID-19 Vaccination if the employee has a genuine and sincere religious conviction consistent with refusal of vaccine administration.

Employee Name: _____ **Department:** _____

State the religious belief, observance or practice that employee claims to have conflict with the vaccine requirement: _____

I acknowledge that by signing this Religious Exemption Form, that my belief is of a religious nature and not due to personal or philosophical oppositions to the vaccine. I realize that my risk of contracting and spreading COVID-19 to others is increased by not receiving the recommended COVID-19 vaccination(s). I also acknowledge that I will be required to implement additional measures including mandatory testing and additional infection prevention and control measures for unvaccinated employees as directed by the facility policies and procedures.

Employee Signature: _____ Date: _____

Occupational Health Signature: _____ Date Received: _____

Occupational Health Use Only:

Religious Exemption Granted: Yes: _____ No _____ Date: _____

Details of Approval: _____

Religious Exemption Denied: Yes: _____ No _____ Date: _____

Details of Denial: _____

Follow up Action Taken: _____

***This exemption will be kept in the employee's personnel file

Resources and References:

Centers for Medicare & Medicaid Services. QSO 22-07-All. Long-Term Care and Skilled Nursing Facility Attachment A: <https://www.cms.gov/files/document/qso-22-07-all-attachment-ltc.pdf>

U.S. Equal Employment Opportunity Commission, Section 12: Religious Discrimination: https://www.eeoc.gov/laws/guidance/section-12-religious-discrimination#h_9546543277761610748655186