This facility will consider granting an employee a non- medical, including religious exemption from the COVID-19 Vaccination if the employee has a genuine and sincere religious conviction consistent with refusal of the COVID-19 vaccine administration and in accordance with applicable federal law.

**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 Non-Medical, Including 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 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 23-02-ALL. Revised Guidance for Staff Vaccination Requirements, October 26, 2022: <https://www.cms.gov/files/document/qs0-23-02-all.pdf>

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