

Request for Religious Exception from Vaccinations

I _____ (Print Full Name) affirm that vaccination and injections of immunizing agents conflicts with my religious tenets or practices.

I confirm I have read and understand SWHR's policy on required vaccinations and will adhere to the masking and testing requirements* as applies to my work environment should my exemption request be approved. SWHR Employee Health staff will review this request for exemption and then submit for review by the Accommodation Review Committee.

Requesting exemption from:

COVID-19 Vaccine

Please provide a statement of your request with SPECIFIC religious reasons for requesting this exemption. Specifically describe the conflict between your religious belief, observance or practice and the vaccine requirement at issue (You may attach additional pages)

Have you received immunizations in the past? Yes or No (circle one)

If yes to the previous question, please provide an explanation detailing any changes in your religion, belief or observance that have occurred since your last immunization, or the reason(s) that your religion, belief or observance prevents you from receiving the vaccine(s) indicated above specifically:

By my signature below I am affirming this information to be true and acknowledge that any false or intentionally misleading statements or omissions on this document may be considered as sufficient cause for progressive corrective action up to and including termination. This may occur even if such false statement or omission is discovered subsequent to an exemption from the SWHR vaccination requirements is granted. I also understand that SWHR may seek clarification and/or request additional supporting documents regarding this request.

Date: _____

Employee/Physician/Volunteer Signature: _____

Current Phone #: _____ Employee ID (or last 4 of SS#): _____

Employee Entity Location: _____ Department(s): _____ Position: _____

Personal Email Address: _____