



Religious Exemption Information

You are required to provide documentation or other authority regarding your religious belief or practice. We may need to discuss the nature of your religious belief(s), tenet(s), practice(s), and requested exemption with your religion's spiritual leader or scholars to address your request for exemption.

Employee name: _____

Department/Position: _____

Email/Phone number: _____

Date of Request: _____

I am requesting a religious exemption for the following sincerely held, religious reasons: *

Identify religious belief, church, or religious body: *

If requested, can you obtain additional documentation or other authority to support the need for an exemption based on your religious belief? *

Yes

No

Period of time I have held the beliefs forming the basis for my exemption request: *

Prior vaccinations received and dates: *

*Note: Employees are required to provide full and complete vaccination histories. "I don't know"(or some variation thereof) is not an acceptable answer and may result in denial of your request for a religious exemption. If you are uncertain about your prior vaccinations, you must obtain such information from your healthcare provider.

Prior vaccinations from which I have been exempted (please provide the date, vaccination, and reasoning): *

Actions other than refusal to obtain vaccinations that demonstrate my sincerely held religious objection to the COVID-19 Vaccination: *

Please list the names of any current or previous prescription drugs or over the counter drugs taken by the employee the last year.

Explain any other reasons for your request for an exemption from the COVID-19 Vaccination requirement: *

I verify the above and attached information is complete and accurate to the best of my knowledge. I further acknowledge that the belief(s) described in this form are genuine religious beliefs rather than personal preferences, and that my beliefs, not my medical objection to vaccinations, are the motivation for my request. I also understand my request for an exemption may not be granted if it is unreasonable or creates undue hardship for Jefferson Regional. I understand any false or incomplete information on this form will result in corrective action, up to and including termination of employment. I hereby authorize Jefferson Regional to release information to my Leader to confirm my receipt of the COVID-19 Vaccination or that I am exempt from the COVID-19 Vaccination requirement in accordance with Jefferson Regional

policy. I understand neither the reason nor the nature of the exemption will be disclosed to my Leader.

I also understand not being vaccinated as the result of an exemption will require me to wear a surgical mask whenever present in a Jefferson Regional facility and I understand I will be subject to frequent COVID-19 testing, regardless of whether I am a direct patient caregiver, and a corrective action will be taken against me if I fail to abide by the masking and testing requirements.

Must abide by the masking and Covid-19 testing requirements of an approved exemption.

Signature*

Date

This form must be returned to Human Resources by 4:30 pm November 24, 2021, or will not be considered for exemption for the December 5, 2021 CMS vaccination requirement deadline.

For Jefferson Regional HR use only:

Approved _____

Not Approved _____