

Attachment B:

Accommodation Request Form – Religious Exemption Form COVID-19 Vaccine

The COVID-19 vaccination policy is a demonstration of our commitment to protecting the health and safety of our employees and community at large. The facility is also committed to complying with all applicable laws protecting employees' religious beliefs and practices. Therefore, upon request, We will provide a reasonable accommodation for an employee whose religious beliefs and practices prohibit them from receiving a COVID-19 vaccine, provided the requested accommodation is reasonable and does not create an undue hardship for the organization or pose a threat to the health or safety of others in the workplace.

To request an exemption from the COVID-19 vaccination policy, please complete this accommodation request and return it to Perry Village. Perry Village will use this information to engage in an interactive process to determine accommodation eligibility and identify possible accommodations.

Employee Name	Date

Department	Name of Immediate Supervisor

Explain Reason for Request

If requested, can you obtain documentation to support the need for religious accommodation?

No Yes

If "no," please explain why:

I hereby verify that the above information is accurate, and I understand that any intentional misrepresentation within this request may result in disciplinary action.

Employee Printed Name	Date

Employee Signature	Date

FOR [PERRY VILLGAE] USE ONLY

Approved Denied—Explain:

Signature of NHA	Date

**Attestation - Attachment C:
COVID-19 Vaccination Status Self-Reporting Form**

This form is to be used by employees to self-report their COVID-19 vaccination statuses. You may decline to disclose your vaccination status. However, if you choose to disclose your status, that information must be accurate. The facility may request additional information to verify the information reported on this form, as needed.

Please provide no further information than what is directly asked of you below. Do not submit any additional medical or family history information in response to any question on the form.

Please reach out to Perry Village at 717-582-4346 with any questions related to this form or the COVID-19 vaccination policies.

Employee Name (Printed)

Job Title

Please check one of the following and complete any additional follow-up fields:

I am fully vaccinated.

Vaccine manufacturer
(e.g., Pfizer-BioNTech, Moderna or Johnson & Johnson)

and
Dates of vaccination
(MM/DD/YYYY)

I am partially vaccinated (*i.e., received only one dose of a two-shot regimen*), and ...

) Circle one:

I (do | don't) intend to receive my final vaccine dose.

I am currently unvaccinated.

I do not wish to disclose my vaccination status.

I attest that the above information is accurate and truthful.

Employee Signature

Date

Attachment D: COVID-19 Vaccination Exemption: Religious Questionnaire

Many people object to taking the COVID-19 Vaccines for a variety of reasons. To the extent that you have a sincerely held religious belief that prevents you from becoming vaccinated against COVID-19 the Facility desires to honor your sincerely held belief and may attempt to make a reasonable accommodation for you. The law requires the Facility only to accept waivers only from those with sincere religious beliefs that prevent vaccination using all three FDA approved vaccines. Please answer the following questions to help us to determine eligibility.

Based upon your answers, you may be asked for clarification and/or additional information.

1. Circle whether you have, or have not had, any of the following vaccines in the last five years:

Varicella (chickenpox)	yes	/	no
Zoster (shingles)	yes	/	no
Rubella	yes	/	no
Hepatitis	yes	/	no
Varicella (chickenpox)	yes	/	no
Zoster (shingles)	yes	/	no
Hepatitis B	yes	/	no
Flu (Influenza)	yes	/	no
MMR (Measles, Mumps, & Rubella)	yes	/	no
TDAP (Tetanus, Diphtheria, Pertussis)	yes	/	no
Meningococcal	yes	/	no

2. Do you currently object to all vaccines on religious grounds or is there something unique about the COVID 19 vaccines, in particular, that violates your religious beliefs?

ALL/Unique objection to COVID-19

If unique please explain what is unique about the COVID 19 Vaccine:

3. If there were a vaccine that did not contain any fetal tissue or cell lines developed from fetal tissue, would you consider taking that vaccine?

Attachment E: ASSUMPTION OF RISK AGREEMENT

Assumption of the Risk and Waiver of Liability Relating to Exempt COVID-19 Vaccine

The Center for Disease Control and Prevention (CDC) and Food and Drug Administration (FDA) have determined vaccines reduce the risk of contracting the COVID-19 virus and reduce the risk of serious symptoms and/or death in the event of contracting the COVID-19 virus.

You have knowingly refused a COVID-19 vaccine on medical and/or religious ground. For the purpose of this waiver you are called employee and your employer is called facility.

Employee assumes the risk of contracting the illness except that caused by gross negligence, intentional harm, or reckless conduct which is a much higher standard of proof than mere negligence. Further, by refusing the vaccine the employee agrees to follow the mitigation procedures such as always wearing an N95 mask at or around the facility and being tested as frequently as required and no less than weekly. The mitigation requirements are in part to protect the employee. Should you fail to wear an appropriate N95 mask or to follow other rules and regulations of the facility concerning the spread of the COVID-19 virus, you shall further assume all risk of contraction which may have been caused by failure to be vaccinated and/or failure to follow the mitigation procedure. The burden of proving that the vaccine or following the mitigation requirements would not have avoided harm is yours exclusively.

Employee Name (printed)

AGREEMENT

I have read and reviewed the information provided above concerning the risks and benefits of the COVID-19 vaccine. Because the medical or religious exemption I requested is either under consideration or has been granted, I have chosen not to be vaccinated and therefore I accept the consequences associated with this decision.

1. I agree to comply with all risk mitigation practices as required by the facility
2. I agree to promptly notify the facility if I test positive for COVID-19 or have a known exposure to someone with COVID-19
3. To the fullest extent permitted by law I agree to assume the risk that I may be exposed to and become sick from COVID-19, and to hold the facility and its employees harmless from the consequence or effects caused by such illness.

I understand that in any action the burden of proof will be mine to prove that had I been vaccinated and/or followed the mitigation plan, I would not have been harmed by contraction of the COVID-19 virus and/or by the symptoms of the disease.

I have had an opportunity to read this document and ask questions about it. I voluntarily sign below to demonstrate my understanding of it and commitment to abide by the mitigation procedures presently in place.

Signature of Employee: _____ Date: _____