

**Diakon Lutheran Social Ministries**

**REQUEST FOR MEDICAL EXEMPTION FROM COVID-19 VACCINATION**

As part of a safety initiative and in line with the COVID-19 vaccination mandates, my employer, Diakon Lutheran Social Ministries, is requiring that I receive the COVID-19 vaccination in order to protect myself and the residents/clients I serve.

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**THIS SECTION BELOW SHOULD BE COMPLETED BY THE EMPLOYEE'S HEALTH CARE PROVIDER**

I have evaluated \_\_\_\_\_ and can verify that this employee has a medical contraindication to the COVID-19 vaccination and should not be vaccinated against COVID-19 for the following reasons:

This employee has one or more of the following contraindications:

Specify which authorized COVID-19 vaccines are clinically contraindicated:

Please specify: \_\_\_\_\_  
\_\_\_\_\_

If there are clinical contraindications to the vaccine, please specify the recognized clinical reasons for the contraindication.

Please specify: \_\_\_\_\_  
\_\_\_\_\_

Other (Please explain – ONLY medical contraindications)

\_\_\_\_\_  
\_\_\_\_\_

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Health Care Provider Name (print)

Date

Health Care Provider Signature

Phone Number

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**HR Use Only**

Approved

Denied

HR Representative Name:

\_\_\_\_\_

HR Representative Signature:

\_\_\_\_\_

Date:

\_\_\_\_\_

**Request for Religious Exemption of COVID-19 Vaccination**

My employer, Diakon Lutheran Social Ministries, has recommended that I receive an approved COVID-19 vaccination to protect myself, my family, and residents/clients that I serve.

I acknowledge that I have read and understand the following facts:

- The consequences of my not being vaccinated for COVID-19 could have life-threatening consequences to my health and the health of those with whom I have contact, including any residents/clients, my co-workers, my family, and my community.
- I understand that the reasonable accommodation for not being vaccinated is to wear the required PPE at all times while at work and submit weekly COVID-19 tests at my own expense, where required.

Despite these facts, I am choosing to decline the vaccination right now based on religious exemptions. Noted below is my explanation of my religious belief, observance, or practice that forms the basis for exemption:

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- I understand that my failure to submit acceptable documentation may result in my request being denied.
- I understand that my request for an exemption will be reviewed and I will be contacted with a decision regarding my exemption request, and that there will be a process for appeal that I may request if my request for exemption is initially denied.
- I consent to the release of this request and including any supportive documentation to all such representatives of Diakon Lutheran Social Ministries, on a need to know basis, in order for the representatives to carry out their duties and act on my request for exemption. Finally I understand that/my request for exemption may not be granted if it would pose a direct threat or if it would otherwise create an undue hardship on this organization, its residents/clients or the public.
- I understand that I can change my mind at any time and accept the COVID-19 vaccine.
- I have read and fully understand the information on this request for exemption form.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (print) \_\_\_\_\_ Community/Program \_\_\_\_\_

**HR Use Only**

<input type="radio"/> Approved	<input type="radio"/> Denied
HR Representative Name:	_____
HR Representative Signature:	_____
Date:	_____