

Attachment B Accommodation Request Form – Religious Exemption From COVID-19 Vaccine

's COVID-19 vaccination policy is a demonstration of our commitment to protecting the health and safety of our employees and community at large. However, is also committed to complying with all applicable laws protecting employees' religious beliefs and practices. Therefore, upon request, 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 's COVID-19 vaccination policy, please complete this accommodation request and return it to [Human Resources]. [Human Resources] 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 [HUMAN RESOURCES] USE ONLY

Approved Denied—Explain:

Signature of [Human Resources]	Date

COVID-19
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 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 addition 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? yes / no.