

**COVID-19 Vaccination
Religious Waiver Request**

**Employee or
Applicant or
Volunteer**

Instructions

1. Read, complete and sign this page.
2. Return the completed form to Employee_Health@rogersbh.org.

Name: _____

Date of Request: _____

Position Title: _____

Department: _____

I understand that, consistent with Federal law, CMS in the Interim Final Rule 42 CFR § 485.725 requires all employees to be vaccinated against COVID-19 unless granted a medical or religious exemption, in order to protect myself, my family, my colleagues and our patients. I have received education and information regarding the vaccine and have had an opportunity to ask questions, and I acknowledge the following:

- COVID-19 is a serious disease that has already killed hundreds of thousands people in the United States.
- The COVID-19 vaccination is intended to prevent or reduce the incidence of the COVID-19 disease and its complications, which may include death.
- COVID-19 vaccination is required by CMS for health care workers to protect patients from COVID-19 disease, its complications and death.
- All individuals could be exposed to the COVID-19 virus through the community and could bring the illness into the health care setting.
- If infected with COVID-19, an individual could shed the virus for several days before COVID-19 symptoms appear. Shedding the virus can spread the COVID-19 disease to patients in this facility and to colleagues and family.
- I understand that variants of the virus that causes COVID-19 infection are prevalent, which may require additional or different vaccines to be given in the future.
- If I am exempted from the vaccination mandate, I must comply with any and all alternative infection control requirements imposed as a condition of exemption and I am subject to discipline, up to and including termination, for failing to comply.

Notwithstanding the above, I am requesting an exemption from taking the COVID-19 vaccine at this time.

Reason for Religious Accommodation – Please describe the nature of your objection to the COVID-19 vaccination requirement.

Would complying with the COVID-19 vaccination requirement substantially burden your religious exercise or conflict with your sincerely held religious beliefs, practices, or observances? If so, please explain.

Please provide any additional information that you think may be helpful in reviewing your request. For example: how long you have held the religious belief underlying your objection; whether your religious objection to the use of all vaccines, COVID-19 vaccines, a specific type of COVID-19 vaccine, or some other subset of vaccines; whether you have received vaccines as an adult against any other diseases (such as a flu vaccine or a tetanus vaccine). You may also attach information from your clergy or religious order in support of your request.

Summary of Next Steps

1. Return this form to Employee Health via fax or email: Email to Employee_Health@rogersbh.org by December 6, 2021.
2. This request will be reviewed by the Employee Health Exemption Committee.
3. Additional information and/or supporting documentation may be requested. Failure to timely provide such information and/or documentation may result in a denial of the request for exemption.
4. You will be notified of the decision regarding your requested exemption.
5. If you are granted a religious exemption, you may be required to wear a surgical mask, use other PPE and/or take other infection control precautions (such as weekly testing). Such alternative infection control requirements will be in force as long as it is deemed necessary.

I have read and fully understand the information on this request for exemption. I also understand that if my request is approved, it may be approved for this year only and that exemption for COVID-19 vaccination for any future years may require the completion and submission of a new request form and may require the provision of additional information and/or supportive documentation. I also understand that my request for an exemption may not be granted if it is not reasonable or creates an undue hardship for the organization as permitted by law. I understand and agree that the granting of exemption is not a promise of continued employment for any period of time and that if employed, I will be/remain employed at will. I certify that the above information is complete, accurate and honest.

Name (Print): _____

If employee, ID#: _____

Department: _____

Contact Phone: _____

Contact Email: _____

Signature: _____

Date: _____

Section below is to be completed by Employee Health staff.

This was reviewed by the Exemption Committee on _____ (date) and determined that _____

Qualifies for exemption.

Does not qualify for exemption.

Further actions to be taken include: _____

The requestor was notified of the results of the review on _____ (date) by _____.