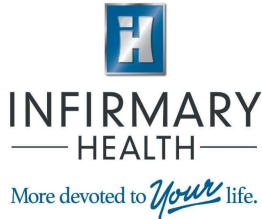


Logged in as E439559

Logout



## Religious Exemption Request From Influenza Vaccination

Infirmary Health is committed to diversity and inclusiveness of all our employees. We highly recommend that all HCP, clinical and non-clinical, be vaccinated against influenza yearly during the flu season. If you have declined to receive the flu vaccine for religious reasons, please provide the following information:

Name: \_\_\_\_\_ E#: \_\_\_\_\_

Phone #: \_\_\_\_\_ IH Facility: \_\_\_\_\_

Dept. Name: \_\_\_\_\_ Department #: \_\_\_\_\_

“Because the Influenza Vaccination Policy conflicts with my sincerely held religious beliefs and practices or membership in a church or religious body, I decline the Influenza vaccination at this time.”

Name of Religious Belief, Church or Religious Body: \_\_\_\_\_

### Religion Tenet(s) Documentation

*In some cases, Infirmary Health may need to obtain documentation or other authority regarding your religious practice or belief. We may need to discuss the nature of your religious belief(s), practices and accommodation with your religion’s spiritual leader (if applicable) or religious scholars to address your request for an exemption.*

If requested, can you obtain documentation or other authority to support the need for an exemption based on your religious practice or belief? Yes  No

If no, explain why:

### Verification and Accuracy

I verify that the above information is complete and accurate to the best of my knowledge and I understand that any intentional misrepresentation contained in this request may result in disciplinary action.

I also understand that my request for an exemption may not be granted if it is not reasonable or if it creates an undue hardship on my employer. However if my request is granted I understand I will be required to wear a mask when within 6 feet of a patient during a scheduled shift through the duration of the influenza season.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

This request will be reviewed and acknowledged by Human Resources or Employee Health. You will be notified of the decision regarding your requested exemption.

**Print**