



Request for Religious Exemption from COVID-19 Vaccine Requirement

All information requested must be provided and all questions must be answered in order for your request to be considered. **After you complete this form, scan it and submit it to SM_COVID-19_Documents@confluencehealth.org.** Information will be kept confidentially in HR. After review of this information, you will be contacted by an HR representative regarding the determination.

Name (last, first)

E#

Email Address:

Phone Number

Job Title:

Department

Supervisor:

Section A:

Do you provide direct patient care?

Yes No

Do you work in an area where patient care is provided? (example: inpatient unit or clinic)

Yes No

Do you have patient or visitor contact (example: registering, providing directions, praying)?

Yes No

Do you provide a service to patients or visitors (example: food preparation, financial counseling, music therapy)?

Yes No

Do you understand that being approved for an exemption does not automatically mean your exemption will be approved permanently and you may be asked to submit an application for religious exemption in the future?

Yes No



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Section B: Please describe the way in which your religious beliefs, observances or practices are contrary to receiving the COVID-19 vaccine.

Section C:

The information I have provided in completing this form accurately reflects my sincerely held religious beliefs.

Yes No

Signature:

Date:
