



**Request for Accommodation: Religious Exemption
from COVID-19 Vaccination**

To request an exemption from the COVID-19 Vaccination due to sincerely held religious beliefs, please complete the information below before returning this form to People & Culture in person or via email to humanresources@evanhospital.com by 5:00pm on November 22, 2021.

Name (print):	Employee ID:
Department:	Job Title:
Manager:	Work/Cell Phone:

I am requesting a religious exemption from Evangelical Community Hospital’s mandatory COVID-19 vaccination policy as required by the Centers for Medicare & Medicaid Services (CMS) Healthcare Provider Vaccine Mandate. I understand that all requests for a religious exception will be evaluated on an individual basis.

I understand that objections to COVID-19 vaccinations that are based on non-religious reasons, including personal preferences or non-religious concerns about the vaccine, do not qualify for a religious exemption.

I understand that I do not need to answer every question on this form to be considered for a religious exemption; however, where there is an objective basis to do so, I may be asked to provide additional information as needed to determine if I am legally entitled to an exemption.

I verify that the information I am submitting to substantiate my request for exemption from Evangelical Community Hospital’s COVID-19 vaccination policy is true and accurate to the best of my knowledge. I understand that any falsified information can lead to disciplinary action, up to and including termination.

I further understand that Evangelical is not required to provide this exemption accommodation if doing so would pose a direct threat to myself or others in the workplace or would create an undue hardship for Evangelical.

Employee Signature:	Date:
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1. Describe the nature of your objection to the COVID-19 vaccination requirement.

2. Describe how complying with the COVID-19 vaccination requirement substantially burdens your religious exercise or conflicts with your sincerely held religious beliefs, practices, or observances.

3. Please provide any additional information that you think may be helpful in reviewing your request. (e.g. How long you have held the religious belief underlying your objection; Whether your religious objection is 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); Name of affiliated religious organization; etc.)

Please attach any additional materials that support your request for a religious accommodation.

PEOPLE AND CULTURE USE ONLY

Date certification received: __/__/__

Accommodation request:

Approved __/__/__

Describe specific accommodation details:

Denied __/__/__

Describe why accommodation is denied:

Signature of Reviewer: _____