



## Religious Exemption Request Form COVID-19 Vaccinations and COVID-19 Related-Policies

CMS is requiring Community HealthCare System employees to be vaccinated against COVID-19. This form must be utilized to request an exemption for religious reasons related to the vaccine requirement. Once you complete this form, you must confer with human resources concerning your request.

*Please complete this form and return it to human resources along with any supporting documentation. Once your completed form is received, you will be contacted to discuss your request.*

Name: \_\_\_\_\_

Date of request: \_\_\_\_\_

1. (A) Identify the religious group that you belong to, if any; and state the length of time you have been a member of this religion/followed the religion, and (B) the length of time you have refrained from receiving vaccines due to adherence to the religion, if any:

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2. Describe the sincere and meaningful religious belief or practice that necessitates this request for exemption, including the nature and scope of your opposition to the COVID-19 vaccine (please note a religious belief or practice is **NOT** something that is based on grounds of political, social or personal philosophy, preference, or convenience under applicable law):

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3. Describe when, where, and how you follow the religious belief or practice you identified above:

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4. Indicate whether your religious belief or practice leads you to object to:

- All medical treatment
- All vaccinations
- Only the COVID-19 vaccination

If only the COVID-19 vaccination, describe the religious basis that prohibits particular immunizations:

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5. Describe any alternate accommodations that might address your needs:

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**Please attach any relevant documentation** from your religious leader/organization, if any, to support your request and explain why your religious beliefs conflict with the Community HealthCare System policy regarding the COVID-19 vaccine. An approved religious exemption will not eliminate the weekly testing requirement, if applicable.

My religious beliefs and practices, which result in this request for a religious exemption, are sincerely held. I understand that the exemption requested above may not be granted. I understand that Community HealthCare System may need to obtain supporting documentation regarding my religious practice and beliefs to further evaluate my request for a religious exemption.

I verify that the information I am submitting in support of my request for an exemption is complete and accurate to the best of my knowledge. I understand that any misrepresentation contained in this request may result in disciplinary action.

I affirm and attest that my objections to the COVID-19 vaccine are due to my sincerely held religious belief and are **NOT** based on grounds of political, social or personal philosophy, preference, or convenience, and that all information provided herein is true and accurate

Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_