

Declination of COVID-19 Vaccination Due to Religious Belief

To request an exemption from the Mandatory COVID-19 Vaccination as required by Community Health Network, Inc.'s (the "CHNw") Mandatory Vaccination Policy, please complete this form. After receiving this form, the Employee Health Department will submit it to the exemption committee for review. Employee Health will contact you after your request has been evaluated by the exemption committee and a decision made. The committee evaluates request generally on a weekly basis.

Your Name

Date of Birth

Start Date

Phone #

I verify that the information I am submitting to substantiate my request for exemption from CHNw's Mandatory COVID-19 Vaccination Policy is true and accurate to the best of my knowledge. I understand that any falsified information may lead to disciplinary action, up to and including termination.

I further understand that CHNw 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 CHNw.

I am requesting to be exempt from the CHNw's COVID-19 Mandatory Vaccination Policy due to my sincerely held religious belief(s) as described below:

My religious beliefs and practices as described above are sincerely held. I understand that my request for exemption may not be granted and that CHNw will attempt to provide a reasonable accommodation that does not create an undue hardship on CHNw and one which does not result in a direct threat to myself or the safety of others.

I certify the above information to be true and accurate, and request exemption from CHNw's Mandatory Vaccination Policy.

Signature

Date