

COVID-19 VACCINATION  
RELIGIOUS ACCOMMODATION REQUEST

Name: \_\_\_\_\_ Cell Number/Date: \_\_\_\_\_

Department: \_\_\_\_\_ Position: \_\_\_\_\_

To be eligible for a possible exemption, I understand that my refusal to be vaccinated must be based upon a sincere belief that is religious in nature. A refusal to be vaccinated does not qualify for an exemption if it is based upon personal preference, concerns about the possible side effects of the vaccine, or political opinions.

I understand that if this request is granted, I must abide by any reasonable accommodations provided by OCH including the use of a face mask, social distancing and COVID testing.

In the space provided below, please explain your religious belief as it pertains to your objections to the COVID-19 vaccination.

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How long you have held this belief?

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Have you, as an adult, received other vaccines against other diseases (such as the flu vaccine or a tetanus vaccine)? If so, please list the vaccine and the last date received.

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Please also explain why your objection is limited to the COVID-19 vaccination:

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If there are any other medicines or products that you do not use because of the religious belief underlying your objection, please identify them.

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Please provide any additional information that you think may be helpful in reviewing your request.

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**EMPLOYEE ATTESTATION:**

I certify that the above information is true and correct, and that I am applying to obtain a religious exemption from OCH’s federally required COVID-19 vaccination requirement.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**REVIEW:**

Approved

Denied

Requested the following additional information on the following date:

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\_\_\_\_\_  
Signature of Reviewing Official

\_\_\_\_\_  
Date