



RELIGIOUS/SPIRITUAL EXEMPTION STATEMENT

EXEMPTION- or release from being required to get a vaccine
Reference: Tier 1 Mandatory Vaccine Policy

This form is to determine whether you may be eligible for a religious exemption. Please fill out this form in its entirety. You must answer every question on the form to be considered for a religious exemption. FAILURE TO ANSWER ALL QUESTIONS WILL RESULT IN DENIAL OF YOUR REQUEST. All pages must be submitted in one document. We encourage you to provide as much information as possible to help us evaluate your request. Objections to 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.

NAME: _____ DATE: _____

Employee ID Number: _____ Date of Birth: _____ Contact Phone Number: _____

EMPLOYEE TO COMPLETE

- Have you ever been exempted by HFHS from getting a vaccine for religious/spiritual reasons? Yes No
- Have you been given any vaccines within the past year? * Yes No
If "Yes", indicate name (s) of vaccine (s): _____ Date received: _____
- In your own words, please explain why you are seeking a religious/spiritual exemption (**Begin your answer on this form. Use additional pages if necessary**): _____

- What religious belief do you follow? (This question is not asking what religion. The question is about what the actual belief is)

- Have your religious/spiritual beliefs changed in the past year? Yes No
If Yes, please give a brief description (**Begin your answer on this form. Use additional pages if necessary, all pages must be submitted in one document**): _____

- How does accepting any vaccine interfere with your relationship to a higher power? _____
- Is this the official position of your religion regarding vaccinations? Yes No If "Yes" What is it based on?

- Is there anything else you would like HFHS to consider with respect to your religious objection?

- Please attach any other documentation about this request (e.g., written information provided by a religious/spiritual leader or scholar).

Employee Signature: _____ Date: _____

**If you have received a vaccination in the past year, a religious/spiritual release is not allowed unless your religious/spiritual beliefs have changed.*

RELIGIOUS/SPIRITUAL LEADER TO COMPLETE

Leader's Name (print): _____ Title: _____

Religious organization: _____ Phone: _____

Address: _____

My signature below as an authorized Leader of this Religious Organization confirms that our religious beliefs say that certain vaccines are against our religious teachings.

Leader's Signature: _____ Date: _____

**If you have questions, please contact the HFHS Employee Health Services Manager for your location.
Submit online through "HR Connect, Employee Self Service, My Personal Information, Immunizations"**

EMPLOYEE HEALTH SERVICES TO COMPLETE

EHS determination of exemption request: Accepted Not Accepted Entered in PeopleSoft

EHS Signature: _____ Date: _____ Time: _____