

COVID-19 Vaccine Religious Exception Request Form

I am requesting an exception from the COVID-19 vaccination mandate on the basis of a sincerely held religious belief.

Individual's Name:	D	ate of Birth:
Phone Number:		
Program:	Position/Membe	r Title:
Please Check the boxes below as appropriate	and complete rel	ated questions:
$\hfill\square$ Receiving the COVID-19 vaccination conflicts with my religious observances, practices, or beliefs as described below.		
Please describe the nature of your objection to the COVID-19 vaccination requirement:		
Would complying with the COVID-19 vaccination exercise or conflict with your sincerely held replease explain how:	•	
 Please provide any additional information that request. (For example: how long have you held the reli is to all vaccines, a subset of vaccines, COVID-19 vaccin 	gious belief underlying	your objection? Whether your objection
 If exception is approved, would you be able to outlined in HOC's COVID-19 Protocols; which outdoors and continuing to practice social dis vaccinated individuals in the future, as well as contacts of known COVID-19 cases? ☐ Yes 	currently include we tancing, even if the s stricter "stay home	earing a mask indoors and se measures are relaxed for
I certify the above information to be true and accudescribed above. I acknowledge that attesting to a penalties.		,
Signature:		Date:

Objection to the COVID-19 vaccinations that are based on non-religious reasons, including social, political, economic views, or personal preference, do not qualify as "religious beliefs" under Title VII. Under Title VII employees may be asked to explain the religious nature of their beliefs and should not assume that the employer already knows or understands it.

Please note that if your exception request is approved, **you will be required to take additional steps to protect you and others from contracting and spreading COVID-19**, as described in HOC's COVID Protocols. Workplaces are not required to provide this exception accommodation if doing so would pose a direct threat to the excepted individual or others in the workplace or would create an undue hardship.

Document Accessibility: Individuals may ask for assistance in completing this form, including individuals with disabilities or individuals who speak a language other than English, to include translations or verbal questioning and dictation.