

REQUEST FOR A RELIGIOUS EXCEPTION TO THE COVID-19 VACCINATION REQUIREMENT

The Centers for Medicaid and Medicare Services (CMS) requires all long-term care Staff (as defined in the Facility COVID-19 Vaccination Policy) to be vaccinated against COVID-19, with exceptions only as required by federal law. In certain circumstances, CMS may entitle exceptions for individuals that have a religious objection to the COVID-19 vaccination requirement, in which case the employee would instead comply with alternative health and safety protocols. The Facility is committed to respecting the important legal protections for religious liberty.

The purpose of this form is to determine whether you may be eligible for an exception under federal law. To be eligible for a possible exception, you must first establish that your refusal to be vaccinated is based upon a sincere belief that is religious in nature. The Facility will then determine if accommodating your request will cause the Employer an undue hardship. In order to request a religious exception, please fill out this form. The Facility may ask for other information as needed to determine if you are legally entitled to an exception. Signing this form constitutes a declaration that the information you provide is, to the best of your knowledge and ability, true and correct. Any intentional misrepresentation to the Facility may result in disciplinary action, including termination of employment.

Part 1 – To Be Completed by the Staff Member		
Staff Member Name		Date of Request
Department	Office	Location
Position	Supervisor	Phone Number
Authorization		
I hereby authorize the Facility to maintain records with information about my religious beliefs in order to consider my request for a reasonable accommodation.		
Questions		
1. Please describe the nature of your objection to the COVID-19 vaccination requirement.		
2. Would complying with the COVID-19 vaccination requirement substantially burden your religious exercise or conflict with your sincerely held religious beliefs, practices, or observances? If so, please explain how.		
3. How long have you held the religious belief underlying your objection?		
4. Please describe whether, as an adult, you have received any vaccines against any other diseases (such as a flu vaccine or a tetanus vaccine) and, if so, what vaccine you most recently received and when, to the best of your recollection.		
5. If you do not have a religious objection to the use of all vaccines, please explain why your objection is limited to particular vaccines.		
6. Please provide any additional information that you think may be helpful in reviewing your request.		

I declare to the best of my knowledge and ability that the foregoing is true and correct.

Staff Member Signature

Print Name

Date