**Mandatory Immunization - Religious Exemption Request**

A religious exemption may be granted when an individual holds a sincere religious belief, practice, or observation which is contrary to the practice of immunization and granting the exemption does not pose an undue hardship on its employer. Personal preference and philosophical, political, or sociological objections are not “religious beliefs” for which a religious exemption will be granted.

To request a religious exemption, please fill out this form. The purpose of this form is to start the accommodation process and help your employer determine whether you may be eligible for a religious exemption. You do not need to answer every question on the form to be considered for a religious exemption, but we encourage you to provide as much information as possible to assist in evaluating your request.

*Information regarding “Sincerely Held Religious Beliefs”: Social, political, or economic philosophies, or personal preferences are not considered religious beliefs. Religious beliefs include beliefs arising from traditional, organized religions, although a person can have religious beliefs that are consistent or inconsistent with a religious group to which they belong. Beliefs may also be independent of any religious group, although in that case, the beliefs are considered religious only if they are comprehensive in nature, as opposed to an isolated teaching, and they occupy a place in a person’s life that is parallel to that filled by an organized religion or God, meaning they typically concern ultimate ideas about life, purpose, and death. Religious beliefs must also be sincerely held. While a person’s beliefs may change over time, inconsistent conduct can raise questions regarding the sincerity of a person’s stated religious belief.*

Where there is an objective basis to do so, we may ask you for additional information as needed to determine if you are legally entitled to an exemption. Objections to COVID-19 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.

Employers may consider several factors in assessing whether a request for an exemption is based on a sincerely held religious belief, including whether the employee has acted in a manner inconsistent with their professed belief. No one factor is determinative. An individual’s beliefs—or degree of adherence—may change over time and, therefore, an employee newly adopted or inconsistently observed practices may nevertheless be based on a sincerely held religious belief. All requests for a religious exemption will be evaluated on an individual basis.

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 may result in legal consequences, including termination or removal from employment.

**COVID-19 Vaccine Information:**

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/your-vaccination.html>

**Department of Health & Human Services Final Rule:**

<https://public-inspection.federalregister.gov/2021-23831.pdf>

**Mandatory Immunization - Religious Exemption Request**

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| **Requestor’s Name:**  |  | **Phone (Primary):**  |  |
| **Date of Birth:**  |  | **Phone (Alternate):** |  |

**INSTRUCTIONS**:

1. Please fill out this form to the best of your ability. No individual response or unanswered question will result in an automatic response to this request positive or negative.
2. Return completed Document to Human Resources by:
	1. a. Emailing thornburgk@westholtmed.org
	2. b. Faxing to 402-925-2914

c. Deliver in person to Human Resources, 406 W Neely St. Atkinson, NE 68713

1. After document is completed and submitted, it will be reviewed and WHMS will notify the requestor of the decision to grant the exemption (with or without conditions), deny the exemption, or request more information.
2. Requests for exemptions will be kept confidential and results shared only with those who need to know.

**Personal Statement** (Must be completed. Attach additional pages if necessary.)

1. Please describe the sincerely held religious belief that is precluding you from receiving the mandatory immunization.
2. Has your religious belief, that is preventing you from receiving the mandatory vaccination listed, changed over time? □ Yes □ No *If Yes, please explain how it has changed, when it changed and why.*
3. Does your religious belief prevent you from receiving all vaccines or only some vaccines? Please specify:

 □ All Other Vaccines □ Some Other Vaccines □ Only the COVID-19 Vaccine

If your religious belief prevents you from receiving only specific vaccines, please explain why. (For example, if there is something about the way that some vaccines are developed or manufactured that prevents you from receiving them, please identify what that is.)

1. Have you received any vaccines over the past five (5) years? □ YES □ NO

*If yes, please answer the following questions regarding the vaccines received during this time period:*

* 1. □ YES □ NO Did you receive the influenza vaccine for the 2020-2021 Influenza Season?
	2. □ YES □ NO Did you receive the influenza vaccine any time between 2016 through 2020?

If yes during which years? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. □ YES □ NO Have you received any other vaccines over the past five (5) years?

If yes which vaccines? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. □ YES □ NO Have you previously been approved for any other religious accommodation or exemption

 during your current employment with WHMS or any non WHMS employment?

*If yes, please describe the accommodation that was approved, when it occurred and whether the accommodation is still in effect.*

1. **OPTIONAL:** You are invited to submit additional documentation supporting this application for exemption from the mandatory immunizations listed above based on a sincerely held religious belief. Additional documentation may include, but is not limited to any of the following:
	1. Documentation from a leader within your religious organization supporting your belief that your religion prevents you from receiving the mandatory vaccination(s).
	2. Your personal statement that provides a more in-depth description of your belief, its religious nature and why it prevents you from receiving the mandatory vaccination(s).
	3. A statement from someone who is familiar with your beliefs confirming how your religious belief prevents you from receiving the mandatory vaccination(s).

Any additional documentation you submit will be considered in conjunction with your exemption request.

**Verification**

□ I request a religious exemption from the mandatory immunization(s) listed above because of my sincerely held religious belief, practice, or observance prevents me from receiving the vaccine. I certify that receiving the mandatory immunization(s) violates my religious belief, practice, or observance. I further certify that my request for an exemption is not based on mere personal preference or on a philosophical, political, or sociological objection to the mandatory immunization(s). I understand that my request for an exemption may not be granted if it is not reasonable or creates an undue hardship on my employer.

□ I verify that the information I am submitting in support of my request for a religious exemption from the mandatory immunization(s) listed is complete and accurate, and any intentional misrepresentation may result in legal consequences, including termination or removal from employment.

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**Requestor’s Signature Date**

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 **Printed Name**