

## REQUEST FOR A RELIGIOUS EXEMPTION FROM THE COVID-19 VACCINATION REQUIREMENT

Covenant Health School of Radiography will grant exemption to the vaccine requirement when an individual's sincerely held religious beliefs preclude vaccination. Religious beliefs include sincere and meaningful affiliations with a religious group or moral or ethical beliefs as to what is right and wrong which are sincerely held with the strength of traditional religious views. Social, political or economic philosophies, or personal preferences do not qualify for a religious exemption from the vaccine requirement. Covenant Health reserves the right to request additional information reasonably needed to evaluate your exemption request and further engage in the interactive process to determine any accommodation(s) for your exemption request.

Part 1- To be Completed by the Individual requesting Religious Exemption	
Name	Date of Request
Phone	Email

Religious Exemption Request
I affirm that because of my sincerely held religious beliefs, practices, or observance, I cannot be vaccinated against COVID-19 at this time.
Please identify your sincerely held religious or moral/ethical belief, practice or observance that is the basis for your request for an exemption from the COVID-19 vaccine requirement.
Please explain how your sincerely held religious belief, practice or observance conflicts with the COVID-19 vaccine requirement.
Please identify who can verify your sincerely held religious or moral/ethical belief practice or observance. Examples may include a pastor, spiritual leader, or friends and family members.
Please identify how long you have followed your sincerely held religious or moral/ethical belief, practice or observance.
Please provide any additional information that you think might be helpful in reviewing your exemption request.

As of today, I am requesting an exemption for the COVID-19 vaccination, and I acknowledge the following facts:

- COVID-19 vaccination is recommended for me and all healthcare workers to protect our patients from COVID-19 disease, its complications, and death.
- Some people with COVID-19 have no symptoms allowing the spread of the illness to others.
- I understand that I cannot get COVID-19 from the COVID-19 vaccine.
- Due to the infectiousness of COVID-19, my declining to be vaccinated could have life-threatening consequences to my health, of those with whom I have contact, including my patients and other patients in this healthcare setting, including my coworkers, my family, and my community.
- I understand that workplace safety protocols and practices may differ based on my vaccination status.
- I understand that I may be required to complete an educational module as part of the exemption process.
- I understand that while we take all steps to ensure a safe workplace for caregivers and patients, we cannot guarantee that I will not be exposed to or infected with COVID-19.

By signing this form, I certify that (i) I am the individual completing the form; (ii) all information entered on this form is true and accurate to the best of my knowledge; and (iii) I agree with all terms and conditions as listed above.

**Signature**

**Print Name**

**Date**