

## REQUEST FOR RELIGIOUS EXEMPTION FROM INFLUENZA VACCINATION

### Please print the following information:

Name: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Employee ID No.: \_\_\_\_\_ Position/Job Title: \_\_\_\_\_

Site:

☐ Grosse Pointe ☐ Royal Oak ☐ Troy ☐ Corporate ☐ Farmington Hills

☐ Dearborn ☐ Taylor ☐ Trenton ☐ Wayne ☐ Other

☐ Ambulatory (Integrated Health Services)

Influenza is a serious disease that can lead to hospitalization and even death. In the United States, influenza and its complications result in more than 200,000 hospitalizations and more than 25,000 deaths each year. Our goal is to protect our patients, employees, volunteers and physicians and their families. When more people are vaccinated against the flu, less flu can spread through our community. The single best way to protect against the flu is to get vaccinated each year.

This form is for applying for a religious exemption to the Beaumont Health Influenza Vaccination policy, as adopted by OHI. It must be completed and submitted to Employee Health & Safety Services to verify that your religious belief, practice or observance is sincerely held and does not permit you to receive the influenza vaccine. You will be notified in writing of the outcome of this request. Please note that your request for exemption may be submitted to a panel for further review which may require your attendance. ***If granted a religious exemption, you will then be required to wear a mask when performing patient care activities or when present in a patient care area during the influenza season, usually mid-November through April, as defined by the corporate epidemiologist.***

To apply for an exemption from the required influenza vaccination based on a sincerely held religious belief, practice or observance, your personal statement must address all of the following elements:

- 1) The religious belief, practice or observance;
- 2) The specific tenet of your religion, belief or observance that precludes you from receiving the influenza vaccine;
- 3) Length of time you have practiced your religion, belief or observance; and,
- 4) Whether you have received other immunizations or intravenous treatments in the past.

You may attach to this form additional written pages or supporting materials.

- 1) Explain your religious belief, practice or observance. Is this request based upon a tenet of a religious organization? if so, please explain. If not, what is it based on.

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- 2) Explain the specific tenet of your religion, belief or observance that precludes you from receiving the influenza vaccine.

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- 3) Explain the length of time you have practiced your religion, belief or observance.

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- 4) Have you received immunizations or intravenous treatments in the past?

☐ **Yes**

☐ **No**

\_\_\_\_\_  
Employee Name (Please Print)

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

☐ Approved

☐ Declined

\_\_\_\_\_  
EHS/HR Representative

\_\_\_\_\_  
Date

**Please scan completed form to [EHSFLU@beaumont.org](mailto:EHSFLU@beaumont.org)**