

REQUEST FOR RELIGIOUS EXEMPTION FROM COVID-19 VACCINATION

Please provide the following information:

Name: _____

Date of Request: _____

Employee ID No.: _____

Position/Job Title: _____

Site: _____

Employees who believe they need a religious exemption from the Beaumont Health COVID-19 Mandatory Vaccination policy should complete this form and submit it to Employee Health & Safety Services ("EHS"). After you submit this form, your request for exemption will be submitted to a multi-disciplinary panel for review. The panel may contact you to discuss your request and ask for additional information to assess your request.

You will be notified in writing of the outcome of this request. ***If granted a religious exemption, you will be required to wear a mask in all Beaumont facilities at all times and may be required to undergo periodic COVID-19 testing, in addition to other safety procedures. If required, testing must be done outside of your scheduled shift. Time may be unpaid or compensated using PTO with manager approval.***

In addition to answering the questions below, you may attach to this form additional written pages or supporting materials.

Note: Beaumont will not consider exemption request forms that are incomplete and/or if any changes or modifications are made to this form.

- 1) Describe your religious belief or practice that is the basis for your request for exemption.

- 2) Explain the specific tenet of your religious belief or practice that precludes you from receiving the COVID-19 vaccine.

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

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4) Have you received immunizations in the past?

Yes **No**

If yes, what about the COVID-19 vaccination, in particular, is inconsistent with your religious belief or practice?

EMPLOYEE CERTIFICATION

By signing below, I certify that this accommodation request is based on a sincerely held religious belief. I understand that Beaumont Health may need to obtain supporting documentation regarding my religious practice and beliefs to further evaluate my request for a religious accommodation. I also understand that Beaumont Health is not required to make the specific accommodation I requested and may provide an alternative accommodation. I also understand that Beaumont Health is not required to provide any accommodation that would impose an undue hardship.

Employee Signature

Date

**Original signature required. No other writing on or around signature line is permitted.

Please e-mail this completed form to EHS at COVIDvaccine@beaumont.org