IncentFit

COVID-19 VACCINATION RELIGIOUS EXEMPTION FORM

Instructions:
If you are requesting an exemption from the COVID-19 vaccination requirement for religious reasons, you must fill out this form in its entirety and submit it to your employer or other responsible person. Your employer may choose to have additional requirements for exceptions.

Full Legal Name:	
Date of Request:	
Company/Organization:	
Employee ID:	

In the area provided below, please provide a statement explaining why you are requesting an Exemption/Accommodation.

The statement must address all of the following elements:

- Explain in your own words why you are requesting this religious exemption.
- Describe the religious principles that guide your objection to immunization.
- Indicate whether you are opposed to all immunizations, and if not, the religious basis that prohibits particular immunizations.

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In some cases, the Company will need to obtain additional information and/or documentation about your religious practice(s) or belief(s). We may need to discuss the nature of your religious

belief(s), practice(s) and accommodation with your religion's spiritual leader (if applicable) or religious scholars to address your request for an exception.

If requested, can you provide documentation to support your belief(s) and need for an accommodation? _____ **Yes** _____ **No**

If no, please explain why:

_____
_____
_____
_____
_____

Please initial next to each of the statements below:

	I request exemption from the COVID-19 vaccination requirements due to my religious beliefs. I understand and assume the risks of non-vaccination. I accept full responsibility for my health thus removing all liability from my employer.
	I understand that as I am not vaccinated, in order to protect my own health and the health of the community, I will comply with assigned COVID-19 testing requirements and other preventive guidance.
	I understand that my decision not to comply with vaccination and/or testing requirements may result in the termination of my employment with my employer.
	I acknowledge that I have read the CDC COVID-19 Vaccine Information.
	I understand that this exemption is only valid while my employer's COVID-19 vaccination policy stands and I may need to submit a new request for any subsequent changes or on expiration of an approved exemption. I further understand that the approval is provisional based on the current vaccination policy and is subject to change based on federally-issued requirements moving forward.
	I certify that the information I have provided in connection with this request is accurate and complete as of the date of this submission. I understand this exemption may be revoked and I may be subject to disciplinary action or termination if any of the information I provided in support of this exemption is false.

Verification and Accuracy

I verify that the information I am submitting in support of my request for an accommodation is complete and accurate to the best of my knowledge, and I understand that any intentional misrepresentation contained in this request may result in disciplinary action. I also understand that my request for an accommodation may not be granted if it is not reasonable, if it poses a direct threat to the health and/or safety of others in the workplace and/or to me, or if it creates an undue hardship on the Company.

You may attach to this form additional written pages or other supporting materials if you so choose. Please continue your statement from page 1 if needed in the space below.

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Signature: _____

Date: _____

Print Name: _____

Upon review, you will be notified in writing of the outcome of this request.

SECTION BELOW FOR ADMIN USE ONLY

Date this Request Form Received in Human Resources: _____

Reviewer's Name: _____

Title: _____

Interactive Discussion Date(s) if applicable:

_____
_____
_____

Describe Exemption/Accommodation:

_____
_____
_____

Request Approved: ___ **Denied:** ___

Date: _____

State Specific Reason(s) for Denial:

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If Exemption/Accommodation granted, list required alternative safety precautions required:

_____
_____
_____