

**REQUEST FOR RELIGIOUS EXEMPTION  
FROM VACCINATION**

Subject to its duty to reasonably accommodate, St. Luke's, Lake View and Pavilion Surgery Center require that I receive a vaccination against COVID-19 and Influenza vaccination annually in order to protect myself, my colleagues and our patients. I have received education regarding vaccination and have had an opportunity to ask questions.

With regard to **Influenza** vaccination, I acknowledge the following:

- The Influenza vaccination is intended to prevent or reduce incidence of the influenza disease and its complications, which may include death.
- An infected healthcare worker may transmit influenza to patients, colleagues, family and friends, even if displaying no symptoms.
- Because the strains of the influenza virus change each year, the influenza vaccination is typically required to be administered each year.
- I may obtain the vaccination through St. Luke's Occupational Health at no cost to me.
- The CDC and OSHA strongly recommend that healthcare workers receive the influenza vaccine.
- I cannot get influenza from the influenza vaccine.

If I am exempted from the vaccination mandate, I must comply with any and all alternative infection control requirements imposed as a condition of exemption (e.g. a requirement that I use certain personal protective equipment ("PPE") during the flu season) and I am subject to discipline, up to and including termination, for failing to comply.

Notwithstanding the above, **I am requesting an exemption from receiving the influenza vaccine at this time.** \_\_\_\_\_ (Initial)

With regard to **COVID-19** vaccination, I acknowledge the following:

- The COVID-19 vaccination is intended to prevent or reduce incidence of the COVID-19 disease and its complications, which may include death.
- An infected healthcare worker may transmit COVID-19 to patients, colleagues, family and friends, even if displaying no symptoms.
- I may obtain the vaccination through St. Luke's Occupational Health at no cost to me.
- The CDC recommends that all healthcare workers receive vaccination against COVID-19.

If I am exempted from the COVID-19 vaccination, I must comply with any and all alternative infection control requirements imposed as a condition of exemption including a requirement that I use certain personal protective equipment and complete a COVID-19 test weekly. I am subject to discipline, up to and including termination, for failing to comply with infection control requirements.

Notwithstanding the above, **I am requesting an exemption from receiving the COVID-19 vaccine at this time.** \_\_\_\_\_ (Initial)

**Reason for Religious Accommodation** – Please identify and explain, in detail, the sincerely held belief that is the basis of your religious accommodation request and how it relates to the vaccine(s) (attach extra sheets if necessary). If you have been previously granted a religious exemption, you may use this process to update with any changes to your religious beliefs.

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Summary of Next Steps

1. Please return this form to Human Resources.
2. This request will be reviewed with you by Human Resources. Infection Control and/or Occupational Health may be consulted as needed.
3. Additional information and/or supporting documentation may be requested. Failure to timely provide such information and/or documentation will result in a denial of the request for exemption.
4. You will be notified in writing of the decision regarding your requested exemption.
5. If you are granted a religious exemption, as determined by St. Luke’s Occupational Health Vaccination Policy, you will be required to test weekly for COVID-19, wear a surgical mask, other PPE and/or take other infection control precautions whenever you are in any designated St. Luke’s facilities.

**I have read and fully understand the information on this request for exemption. I also understand that if my request is approved, it is approved for this year only and that exemption for flu vaccination for any future years will require the completion and submission of a new request form and may require the provision of additional information and/or supportive documentation.**

**I certify that the above information is complete and accurate.**

Name (Print): \_\_\_\_\_ Department: \_\_\_\_\_

Job Title \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_