

REQUEST FOR EXEMPTION FROM COVID-19 VACCINE FOR RELIGIOUS REASONS

Essentia Health requires COVID-19 vaccination for all Healthcare Workers. Because of Healthcare Worker contact with patients or infective material from patients, many Healthcare Workers are at risk for exposure to and transmission of vaccine-preventable diseases like COVID-19.

Essentia Health employees are protected against discrimination on the basis of religion. If your religious beliefs or practices conflict with the COVID-19 vaccination requirement and you decline to receive the COVID-19 vaccine, please provide the following information:

Name:	Date of Birth:	
E-mail*:	Phone No.:	
Status (employee/	Department served/	
vendor/contractor/	vendor name:	
student/clergy, etc.):		

*You will receive the decision on your exemption request via email, please ensure you regularly check your email.

Certification and Declination of Vaccination

- By my signature below, I certify that my religious beliefs and practices are sincerely held and conflict with Essentia Health's COVID-19 vaccination requirement. I decline the COVID-19 vaccination at this time.
- I understand that Essentia may request further information from me, including supporting documentation, regarding my religious practices and beliefs to further evaluate my request for an exemption from receiving the COVID-19 vaccination. I understand that any intentional misrepresentation contained in this request may result in disciplinary action.
- Essentia Health will not grant religious exemption requests that are based on inaccurate information about the COVID-19 vaccine. I also acknowledge that my request for an exemption may not be granted if it is unreasonable or it creates an undue hardship on Essentia.
- I understand that due to my status as a healthcare worker and declining the vaccination, I may be at increased risk of acquiring infection while performing services for Essentia Health. In addition, I may spread COVID-19 to patients, other healthcare workers, and my family, even if I have no symptoms. This can result in serious infection, particularly in persons at high risk for COVID-19 complications.
- I have received education about the effectiveness of the COVID-19 vaccination as well as the adverse events. However, I decline COVID-19 vaccination at this time. If in the future I want to be vaccinated with a COVID-19 vaccine, I can provide documentation to Essentia Health and will no longer be required to mask in certain situations.
- I attest that I will wear a mask anytime I am within Essentia Health facilities if I do not receive the COVID-19 vaccination. I will not receive a COVID-19 Vaccine Clip if I am not Fully Vaccinated.

Signature:	Date:	
-		
Print Name:		



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Job Role:

Please check the box (or boxes) that best describe the services you perform for Essentia:

- □ I regularly (at least three times a month) come within six feet of other Essentia Health Healthcare Workers.
- □ I regularly (at least three times a month) come within six feet of Essentia Health patients.
- □ I regularly (at least three times a month) come within six feet of patients who are immunocompromised.
- □ I rarely (less than three times a month) come within six feet of patients or other Healthcare Workers (e.g., I am a remote worker).

Please describe the services you perform for Essentia Health. Include information about the amount and type of contact you have with patients and other healthcare workers. Include information about the types of patients you work with, if any (e.g., cancer, NICU, elective surgery, family practice patients):

Please explain in your own words why your religious beliefs prevent you from complying with Essentia Health's mandatory COVID-19 vaccination policy. Type your written answers to the following questions, and limit each response to 200 words or less. All questions must be answered to allow Essentia Health to consider your accommodation request.

- Identify your specific religious belief(s) and practices or membership in a church or religious body that prevents you from receiving the COVID-19 vaccination;
- Describe how receiving a COVID-19 vaccine conflicts with your religious beliefs;

 Have you received other vaccinations? If so, explain why getting the COVID-19 vaccination conflicts with your religious beliefs or practices.

PLEASE MAIL OR EMAIL COMPLETED FORM TO:

Essentia Health COVID Vaccine Team 407 East Third St., BSC — Human Resources Duluth, MN 55805 Email: FluCOVIDVaccination@essentiahealth.org

For Essentia Health use only Approved (Initial)_____ Denied (Initial)_____ Date: