



# Essentia Health

## 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/ vendor/contractor/ student/clergy, etc.):		Department served/ vendor name:	

\*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:** \_\_\_\_\_

