

| Vaccine Religious Exemption Form – COVID-19 Vaccine |          |  |                  |                    |  |
|---|----------|--|------------------|--------------------|--|
| Date of Request:                                    | SAP#/Cac |  | ctus:            | Facility/Cost Ctr: |  |
| Requestor Name:                                     |          |  | Status:          |                    |  |
| Requestor Phone:                                    |          |  | Requestor Email: |                    |  |
| Supervisor:   |          |  |                  |                    |  |

MLH policy requires all members of the workforce to receive the COVID-19 vaccination. A religious exemption may be granted, subject to approval, if the individual holds sincere religious beliefs which are contrary to the practice of vaccination. If you seek a religious exemption to the COVID-19 vaccine requirement, please complete this form.

Please note that philosophical, political, scientific, sociological or other objections to immunization (rather than sincerely held religious beliefs) do not justify an exemption. While MLH will carefully review all requests for religious exemptions, approval is not guaranteed. We may need to obtain additional information and/or documentation of your religious practice(s) or belief(s). After your request has been reviewed and processed, you will be notified in writing if an exemption has been granted or denied.

In the space below, please provide a personal written statement detailing the religious basis for your vaccination objection, explaining why you are requesting this religious exemption, the religious principle(s) that guide your objections to vaccination. Include whether you are opposed to all immunizations and if not, the religious basis that prohibits COVID-19 in particular. Please attach additional documentation, if necessary.



| Requestor Name:   |                                       |  |  |  |  |
|---|---------------------------------------|--|--|--|--|
| I certify that the above information is complete and accurate and that I hold a sincere religious belief that is against the receipt of the COVID-19 vaccine. I understand that any intentional misrepresentation contained in this request may result in corrective action. I understand that if I am granted this exemption, I may be required to comply with additional safety measures per policy such as masking/distancing. |                                       |  |  |  |  |
| Requestor Signature:  | Date:                                 |  |  |  |  |
|   | Associate Health Only                 |  |  |  |  |
| Date Received   | Exemption Granted? YES NO If no, why? |  |  |  |  |
| Signature:  |                                       |  |  |  |  |