

Human Resources Department
 COVID-19 Vaccination Program Policy A-34
 Religious Exemption Request Form
 FY 2021-2022



Staff Information			
Name	Position Title	Department	Request Date
Phone Number(s)		Personal Email Address:	

Religious Exemption Request Process Information and Instructions

- ◆ Staff seeking exemption from the COVID-19 vaccination due to sincerely held religious beliefs that prevent receipt of all COVID-19 vaccines must complete this Request for Religious Exemption form.
- ◆ **The form must be fully completed with sufficient supporting information attached and submitted to Betty Rhoney, Human Resources Compliance Manager by no later than 12:00 PM MONDAY, JANUARY 24, 2022.**
- ◆ All information requested and all questions must be answered for your request to be considered.
- ◆ Staff requesting exemption due to religious beliefs must certify that the vaccination from which they are seeking exemption violates their sincerely held religious beliefs.
- ◆ Staff may be required to provide additional supporting information, including third party verification.

The following information is required (check one that applies to you):

- I am an employee of Catawba Valley Medical Center
- I am a student or trainee at Catawba Valley Medical Center
- I am a volunteer at Catawba Valley Medical Center
- I am employed by a company that provides services for Catawba Valley Medical Center or its patients
- I am a self-employed contractor who provides services for Catawba Valley Medical Center or its patients
- I am a member of the medical staff with admitting privileges or who sees patients at Catawba Valley Medical Center and am **NOT** an employee of Catawba Valley Medical Center
- None of the above (explain your role): _____

Staff/Requestor Acknowledgement

By signing this request for exemption, I acknowledge that I understand the following:

- ◆ On November 5, 2021, the Centers for Medicare & Medicaid Services (CMS) issued a requirement for full vaccination against COVID-19 for staff at hospitals and other covered health care organizations to prevent the spread of COVID-19 and its complications, including death. The Centers for Disease Control and Prevention (CDC) and Occupational Safety and Health Administration (OSHA) also have issued recommendations for vaccination against COVID-19.
- ◆ In accordance with federal law, CVMC requires all Staff to be fully vaccinated against COVID-19 unless approved for a medical or religious exemption.
- ◆ I understand that if I am granted exemption from the vaccination requirement, I will be subject to additional precautions intended to mitigate the transmission and spread of COVID-19 for Staff who are not fully vaccinated, and I must comply with all other applicable universal infection control precautions as well as the additional precautions for Staff who are not fully vaccinated. Additional precautions may include but are not limited to source control measures such as wearing an N95 mask at all times while on CVMC premises, restrictions on presence in common or other areas where risk of transmission may be greater and undergoing periodic COVID-19 testing. My failure to consistently comply with these requirements will result in disciplinary action up to and including termination of employment or service.

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Staff/Requestor Acknowledgement		
Print Name	Signature	Date

Request for Religious Exemption

- ◆ **Despite my understanding of the facts stated above, I am requesting an exemption from receiving the COVID-19 vaccination due to my sincerely held religious beliefs which prevent my receiving the vaccination.**
- ◆ **In the space provided below (attach additional pages as necessary), describe the sincerely held religious beliefs that prevent you from receiving the COVID vaccination along with all relevant information supporting your request for exemption. Relevant information may include name of religion, name/address of religious organization and person(s) who can provide supportive information, description of the religious doctrines/practices that prevent vaccination.**

Staff/Requestor Attestation

By my signature below, I affirm that:
 (i) I have read and fully understand the information on this form; (ii) the information I have provided is true, accurate and complete and any false or incomplete information on this form will result in disciplinary action up to and including termination for falsification of records; (iii) the vaccination from which I seek exemption violates my sincerely held religious beliefs, and it is my religious beliefs, and not my personal, medical or other non-religious beliefs, that are the motivation for my request; (iv) I may be requested to provide additional information to support my request, I authorize any person(s) whom I identified above to be contacted to provide clarification or additional information and I consent to the release of this information as determined necessary by the CVMC to act on my request; and (v) my request may not be granted (or, if granted, approval may be withdrawn) if it is not reasonable or creates an undue hardship under applicable law.

Print Name	Signature	Date

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Determination Review Process	
The undersigned has completed a review of the Religious Exemption Request documents and has made the following determination:	
<input type="checkbox"/> Approved (describe any conditions of approval):	
<input type="checkbox"/> Denied	
<input type="checkbox"/> The Following Further Actions are needed in order to make a determination:	

COVID-19 Vaccination Exemption Review Adjudicating Official			
Print Name	Signature	Position	Determination Date

Notification Verification Process		
Notification Date to Staff/Requestor	Communication Method	
	Email	US Postal Service

Appeal Process	
Date Appeal Submitted:	
Reviewer(s) Name:	
<input type="checkbox"/> Denial Affirmed <input type="checkbox"/> Denial Reversed	

Appeal Notification Process		
Notification Date to Staff/Requestor	Communication Method	
	Email	US Postal Service