

Religious Accommodation COVID Vaccine Exemption Form

Sanford recognizes the importance of creating a safe environment, free of infections/transmission of disease and to protect our patients/residents/clients, employees, licensed independent medical practitioners (MDs, DOs, and advanced practice providers ("Providers")), medical residents, students, volunteers, visitors, and community from exposure to COVID-19. COVID-19 vaccination is required for all employees. Individuals who maintain a sincerely held religious belief requiring abstention from receiving the COVID-19 vaccination may be exempted from receiving vaccination. Religious exemption must be reassessed/reapproved each year. Therefore, an updated form must be completed on an annual basis.

Employee Name: _____ Date of Request: _____

Employee ID (if applicable): _____ Location: _____

Supervisor: _____ Telephone Number: _____

Reason for Accommodation (Briefly identify and describe your sincerely held religious belief, and explain why accommodation is required): _____

My religious beliefs and/or practices, which result in this request for a religious accommodation, are sincerely-held. I understand that the accommodation requested may not be granted. Even if the request is granted, Sanford will attempt to provide reasonable accommodation, but one may not be possible without causing an undue hardship, its employees and its patients/residents/clients. If approved I will be required to wear an approved surgical mask covering my nose and mouth at all times, or other agreed upon reasonable accommodation(s) (such as regular COVID-19 testing) as determined on a case-by-case basis in accordance with the *Religious Accommodation – Enterprise* policy.

Employee Signature: _____

To be completed by Employee Relations

Date Request Received: _____ Evaluation of Request: Approved Denied

If unable to accommodate, provide an explanation: _____

Employee Relations Specialist Signature: _____ Date: _____