



Request for Religious Exemption from COVID-19 Vaccination

COVID-19 Vaccination Requirement

As a staff and patient safety initiative and similar to influenza and other required vaccinations, COVID-19 vaccination will be required by Valley Medical Group; all employees and medical staff, as well as other health care and contracted personnel will be required to be fully vaccinated by no later than October 1, 2021. COVID-19 vaccination has been proven to be extremely safe and highly effective at preventing COVID-19 infection, severe disease, hospitalization and death. The Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC) recommends all adults receive COVID-19 vaccine.

*****Please note that Contracted Personnel and students requesting religious exemption must make such requests through their employer or educational institution. Please see the COVID-19 Immunization Policy for additional details*****

Important Information Regarding Religious Exemption Requests

While Valley Medical Group (VMG) recognizes that individuals may have personal beliefs and opinions regarding COVID-19 vaccination, personal beliefs or opinions will not be sufficient to qualify for exemption from the COVID-19 vaccination requirement. Rather, a religious exemption from the vaccination requirement will be approved only for a sincerely held belief precluding COVID-19 vaccination that is religious in nature. If an exemption is granted, efforts will be made to reasonably accommodate the employee while maintaining a safe work environment for patients, staff, and others. Reasonable accommodations may include reassignment and additional infection prevention and control measures, among other things. While VMG will seek to identify reasonable accommodations for anyone who is granted a religious exemption, it is possible that there may not be a reasonable accommodation that will allow every person with such an exemption to continue to work onsite while unvaccinated.

Completing this Form

To request a religious exemption from COVID-19 vaccination, this form and any associated documentation must be completed and submitted by **September 1, 2021**. Failure to completely and accurately provide the information requested by the deadline may result in a delay in a decision being made on the request or could result in the request being denied. If you require more space to respond to particular questions, you may attach additional pages, but please make clear which question(s) you are responding to on the additional pages.

Name:		Job Title	
Department			
Manager Name		Hire Date	
Email Address		Phone Number	
FTE			



Prevention & Medical Care
To Help You Live Better, Longer.

1. Please describe the religious belief that is preventing you from receiving COVID-19 vaccination.

2. Have you received a religious exemption from Valley Medical Group’s Health’s flu vaccination requirement?

Yes No

If yes, is the religious belief that prevented you from receiving the flu vaccine the same as the religious belief that is currently preventing you from receiving the COVID-19 vaccination? Yes No

3. Have you received a religious exemption from any other vaccine requirement in the past three years?

Yes No

If yes, please provide additional details, including which vaccine(s) the exemption was for, when you were granted the exemption, the religious belief underlying the exemption request and whether you were employed by VMG at the time.

4. Have you ever been approved for any other type of religious accommodation during your employment with Valley Medical Group?

Yes No

If yes, please describe the accommodation that was approved, when this occurred and whether the accommodation is still in effect.

5. Does the religious belief that prevents you from receiving COVID vaccination derive from a recognized religion?

Yes No

If yes, please answer the following questions:

- a. Please provide the name of the religion:
- b. Please indicate when you first began to practice this religion:
- c. Do you belong to an organization or group affiliated with this religion (e.g., church, mosque, synagogue other group, etc.)? Yes No



*Prevention & Medical Care
To Help You Live Better, Longer.*

If yes, indicate when you first affiliated with organization or group:

If yes, also provide the following information regarding the organization or group:

Name:

Address:

Phone Number:

Website:

6. Does the religious belief identified in Question #1 prevent you from receiving other vaccines or just the COVID-19 vaccines?

All other vaccines Some but not all other vaccines Only the COVID-19 vaccines?

If your religious belief prevents you from receiving only the COVID-19 vaccines, please explain why. (For example, if there is something about the way that the currently approved COVID-19 vaccines are manufactured that prevents you from receiving it, please identify what that is.)

If your religious belief prevents you from receiving some but not all other vaccines, please identify which vaccines you can receive and which ones you cannot receive, and explain the reason for the difference.

7. Did you receive the flu vaccine for the most recent flu season? Yes No

If no, when did you last receive the flu vaccine?

8. Have you received other vaccines in the past? Yes No

If yes, please identify the vaccines you have received most recently and when you received them.



*Prevention & Medical Care
To Help You Live Better, Longer.*

9. Are there other aspects of your religious belief that impact or prevent you from receiving medical care?
 Yes No

If yes, please explain.

10. With respect to the religious belief that is preventing you from receiving COVID-19 vaccination:

a. When did you first come to believe this?

b. Has your religious belief that is preventing you from receiving COVID-19 vaccination changed over time?

Yes No

If yes, please explain how it has changed, when it changed and why.

11. Please submit additional documentation supporting your application for exemption from the COVID-19 vaccination requirement based on a sincerely held religious belief. Additional documentation may include but is not limited to the following:

- a. Documentation from a leader within your religious organization (or organization equivalent to religious organization) supporting your belief that that your religion prevents you from receiving COVID-19 vaccination.
- b. Books, pamphlets, text, or other materials that support your religious belief that you are prevented from receiving COVID-19 vaccination.



Prevention & Medical Care
To Help You Live Better, Longer.

- c. A personal statement that provides a more in depth description of your belief, its religious nature and why it prevents you from receiving COVID-19 vaccination.
- d. A statement from someone who is familiar with your beliefs confirming how your religious belief prevents you from receiving COVID-19 vaccination.

Any additional documentation that you submit will be considered in conjunction with your exemption request. **Please note that the documentation should be submitted at the same time as your request in order to avoid delays in review and processing your request for exemption.**

By signing below, you certify that the information provided in this form is both complete and accurate and you understand that any intentional misrepresentation contained in this request may result in corrective action, including employment termination.

Signature:		Date:	
Printed Name:			

Summary of Next Steps:

- Submit this form and any associated documentation to Human Resources no later than September 1, 2021.
 - Scan/email the completed form to: HumanResources@vmgma.com
 - Snap a picture with your phone and email to: HumanResources@vmgma.com
- This request will be reviewed by HR and if applicable the interdisciplinary team established to review religious exemptions.
- If a religious exemption is granted, you will be required to wear a surgical mask at all times, except when in a room alone, or when eating or drinking, in which case, you must be 6 feet apart from all other people. You will be required to wear eye protection (face shield or goggles) when working directly with patient or coming within 6 feet of patients. You will be required to get screening COVID-19 PCR tests at regular intervals. In certain areas, where patients are exceptionally vulnerable, Valley Medical Group may not be able to reasonably accommodate unvaccinated employees.
- If the religious exemption is denied, you will be required to be vaccinated.