

Religious Exemption / Wavier / Opt-Out Request

COVID-19 Vaccination 2022/2023 – rev. 10.12.22



IMPORTANT: exemption requests are required to be submitted and approved as determined by Trinity Health.

Instructions for Completing Religious Exemption / Waiver / Opt-Out Request

- ☐ Complete all required fields in the Colleague / Candidate Information and Prior Vaccine History sections.
- ☐ Provide the reason for the exemption request in the Colleague / Candidate Statement section. Note: colleagues / candidates with a primary work location in **Iowa** or **Florida** may also use the Waiver / Opt Out Section.
- ☐ Sign and date this form. All pages must be submitted. **Incomplete forms may be returned and not considered.**

Colleague / Candidate Information

Name:

Colleague ID:

(Current Colleagues Only)

Email address:

Phone number:

Health Ministry:

Date:

Recruiter:

(Candidates Only)

Prior Vaccine History

Have you received a COVID-19 vaccine after the age of 18?

Yes; Year of last COVID-19 vaccine _____

No

Have you received any other, non-COVID-19, vaccine after the age of 18?

Yes

No

COVID-19 Waiver / Opt-Out Request

Colleagues / Candidates with a Primary Work Location in **Iowa** or **Florida** Only

If your primary work location is **Iowa**: you may indicate your request to waive the COVID-19 vaccination requirement by marking the statement below.

By signing this form, I declare that receiving the COVID-19 vaccine conflicts with the tenets and practices of a religion of which I am an adherent or member.

If your primary work location is **Florida**: you may indicate your request to opt-out of the COVID-19 vaccination requirement by marking the statement below.

By signing this form, I declare that I decline the COVID-19 vaccination because of a sincerely held religious belief, which may include a sincerely held moral or ethical belief.

COVID-19 Exemption Request

A religious exemption to immunization may be granted based on an individual's sincerely held religious belief, practice or observance that prohibits vaccination (see Trinity Health's COVID-19 Prevention Policy). In this analysis, "religious belief, practice, or observance" includes moral or ethical beliefs as to what is right and wrong which are sincerely held with the strength of traditional religious views. Social, political, or economic philosophies, as well as personal preferences, do not constitute sincerely held religious beliefs.

In the space provided below, please provide a statement describing your sincerely held religious belief, practice, or observance and how the COVID-19 vaccination will violate this belief. Your statement should explain your religious belief, establish that it is sincerely held, and explain in what ways receiving the COVID-19 vaccination conflicts with your religious belief. If needed, you may be asked to provide additional information to support your request.

COVID – 19: Colleague / Candidate Statement

IMPORTANT: Forms submitted without a colleague / candidate statement may not be considered.

Approved requests may be revised or revoked at any time in order to comply with state law, federal law, and/or employer policy. By signing or typing my name, I attest that my statement above is true and accurate and that I hold a sincerely held religious belief that prohibits COVID-19 vaccination.

Signature:

Date: