

Religious Exemption Request

Influenza Vaccination 2021



IMPORTANT: at a minimum, exemption requests are required to be submitted and approved annually.

Instructions for Completing Religious Exemption Request

- ☐ Complete all required fields in the colleague information and prior vaccine history sections.
- ☐ Sign and date this form.
- ☐ Upload your completed form to the HR4U colleague portal no later than Oct. 22, 2021. Both pages must be submitted.

IMPORTANT: Please retain your HR4U case number for your records. Note, if you do not see a case number in your HR4U portal, your submission is not complete.

Colleague Information

Name:

Colleague ID:

Health Ministry:

Date:

Prior Vaccine History

Have you received an influenza vaccine after the age of 18?

Yes

Year of last influenza vaccine

No

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

Yes

No

A religious exemption to influenza immunization may be granted based on an individual's sincerely held religious belief, practice or observance that prohibits influenza vaccination (see Trinity Health's Influenza 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 influenza 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 influenza vaccination conflicts with your religious belief. After uploading this form in your exemption request, you may add additional information in the text box in the exemption request prior to submission.

Colleague Statement

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

Colleague Name:

Date: