



HEALTH ASSOCIATES

beyond expectations

REQUEST FOR RELIGIOUS EXEMPTION FROM THE COVID-19 VACCINATION

Employees may apply for an exemption due to religious reasons.

Full name of the individual requesting religious exemption:

I am requesting an exemption from the COVID-19 vaccination. I request an exemption based on the following:

Religious Belief or Creed: _____

Name of Religious Organization:

Provide a description of your sincerely held religious belief that is contrary to the COVID-19 vaccination:

I certify that I practice a religion where COVID-19 vaccination is contraindicated according to doctrine or accepted religious practices. I understand that I could be contacted for any additional clarification.

Signature: _____

Date: _____