



## Influenza Vaccination Religious Exemption Request Form

Updated August 2021

Name:	
Phone #:	Badge #:

Carilion Clinic will grant religious exemption requests when an individual's sincerely-held religious belief, practice, or observance preclude vaccination, unless doing so creates an undue hardship for Carilion Clinic. ***A religious exemption will not be granted based on a philosophical, moral, scientific, or conscientious objection.*** Please describe below why your sincerely-held religious belief, practice, and/or observance preclude you from receiving the influenza vaccination.

1. Please identify your sincerely held religious belief, practice, or observance that is the basis for your objection to receiving the influenza vaccine:

2. Please indicate whether you are opposed to all vaccines, and if not, the religious basis on which you object to the influenza vaccine specifically:

3. Have you previously received a religious exemption for any vaccine required by Carilion Clinic for employment, such as the TDap, MMR, etc.? If so, please list the years in which you have received any such exemption.

4. Please provide any additional information that might be helpful in reviewing your religious exemption request.

Are you attaching any supporting documentation with this request?

Please circle: YES NO

Carilion Clinic reserves the right to request additional information in order to evaluate your request.

**Employee Verification**

I am requesting a religious exemption for the influenza vaccine so that I may be exempted from a mandatory vaccination policy as a condition of employment. I verify that the information I am submitting to substantiate my request for exemption is true and accurate. **I understand that any falsified information may lead to disciplinary action and a revocation of any approved exemption.**

I further understand that Carilion is not required to provide this exemption if doing so would pose a direct threat to myself or others in the workplace or would create an undue hardship for Carilion.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**SUMMARY OF NEXT STEPS**

**If you are a Carilion employee:**

1. Submit this request and any supporting documentation to the Carilion Clinic HR Service Center by scanning and emailing to [HRServiceCenter@carilionclinic.org](mailto:HRServiceCenter@carilionclinic.org).
2. This request will be reviewed by a committee.
3. You will be notified of the decision regarding your requested exemption via email. The response will be noted at the end of this form.
4. If you are granted an exemption for the influenza vaccine, you will be required to wear a mask until 4/1/2022 or beyond, depending on extended flu activity.

**FOR EMPLOYER'S USE ONLY**

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Exemption Granted: YES \_\_\_\_\_ No \_\_\_\_\_ If no, explain why: \_\_\_\_\_

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