



CARILION CLINIC COVID-19 VACCINE RELIGIOUS EXEMPTION FORM

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 COVID-19 vaccination.

1. Please identify your sincerely held religious belief, practice, or observance that is the basis for your objection to receiving the Covid-19 vaccine:

2. Please indicate whether you are opposed to all vaccines, and if not, the religious basis on which you object to the Covid-19 vaccine specifically:

3. Have you previously received a religious exemption for any vaccine required by Carilion Clinic for employment, such as the flu vaccine, 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.

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 COVID-19 vaccine so that I may be exempted from the mandatory CMS vaccination policy. 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.**

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.
2. This request will be reviewed by a committee.
3. You will be notified of the decision regarding your requested exemption.

FOR EMPLOYER'S USE ONLY

Date Received: _____ Documentation Attached? _____

Exemption Granted: YES _____ No _____ If no, explain why: _____
