



**VACCINE RELIGIOUS EXEMPTION FORM
REQUEST FOR RELIGIOUS EXEMPTION FROM COVID-19 VACCINATION**

Request for Exception from Covid-19 Vaccination for Religious Reasons

Bellin Health has a responsibility to protect employees, employees’ family members, patients, students, others affiliated with Bellin Health, and the broader community from Covid-19 infection, however Bellin Health is also committed to diversity and inclusiveness of all our employees. Bellin Health has strongly recommended that all employees be vaccinated against Covid-19. If you wish to request an exemption from the Covid-19 vaccine for sincerely held religious beliefs, please provide the following information.

Name: _____ Date of Request: _____
Department: _____ Direct Leader: _____

A religious exemption is allowed only if the Covid-19 vaccination would violate convictions of your religious beliefs. Any such justification would need to be based in your religious practice and does not include fervently held beliefs regarding nonreligious, cultural, scientific or political matters. Please complete the information below to request a religious conviction exemption. Your supporting statement will assist us in evaluation of this exemption request.

Name of Religious Belief, Church, or Faith Community _____

Signature: _____ Date: _____

Religious Tenet(s) Documentation

Please attach both a self-written explanation AND a brief letter from your faith community to help demonstrate clearly, in writing, how your exemption request is connected to your religious beliefs.

I have included the following attachments, **BOTH** are required:

- Self-written explanation, including information that supports your religious belief as sincerely held and practiced in your life
- Letter from my faith community

In some cases, Bellin Health will need to obtain documentation of other authority regarding your religious practice or belief. We may need to discuss the nature of your religious belief(s), practice(s), and accommodation with your religion’s spiritual leader (if applicable) or religious scholars to address your request for an exception.

Verification and Accuracy

I verify that the above information is complete and accurate to the best of my knowledge and I understand that any intentional misrepresentation contained in this request may result in the Performance Management process.

I also understand that my request for an exception may not be granted if it is not reasonable or creates an undue hardship on my employer.

Signature: _____ Date: _____
Print Name: _____

Please fax, e-mail, or mail this to:
Bellin Health Employee Health Services
Employeehealthservices@bellin.org or Fax: (920) 433-7997