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REQUEST FOR RELIGIOUS ACCOMMODATION: COVID-19 VACCINE

Complete this form if you are requesting an accommodation under the Covid-19 Vaccine & Immunization of Staff Policy. Please indicate your sincerely held religious belief or practice and the specific principle(s) that interfere with immunization against COVID-19. Supporting documentation and additional information may be required for any request for accommodation.

Employee Name: _____ **E #:** _____
Department: _____
Position: _____
Manager: _____
Request Date: _____

Provide a description of the accommodation you are requesting:

What is your religion (if applicable):

Explain in your own words why you are requesting a religious exemption from Covenant HealthCare’s COVID-19 vaccine policy (attach additional pages as necessary):

Describe the sincerely held religious beliefs, observances, or practices that guide your objection to the COVID-19 vaccine (attach additional pages as necessary):

Provide any additional information you think may be relevant to this request (attach additional pages as necessary):

Please indicate if your need for accommodation is temporary or permanent: _____

If temporary, please identify the date on which the request for accommodation expires: _____

Employee Signature

Date

****Return to Human Resources****