



Pulaski
Memorial Hospital

**REQUEST FOR A RELIGIOUS EXEMPTION
TO THE COVID-19 VACCINATION REQUIREMENT**

The Centers for Medicare & Medicaid Services (CMS) requires all workers in most health care settings, including hospitals and health systems that participate in the Medicare and Medicaid programs, to be vaccinated against COVID-19, with exceptions only as required by law. In certain circumstances, Federal law may entitle a healthcare employee who has a religious objection to the COVID-19 vaccination requirement to an exception from that requirement, in which case the employee would instead comply with alternative health and safety protocols. Pulaski Memorial Hospital (PMH) is committed to respecting the important legal protections for religious liberty.

In order to request a religious exception, please fill out this form. The purpose of this form is to start the accommodation process and help PMH determine whether you may be eligible for a religious exception. Forms that are not filled out completely, will not be considered.

Where there is an objective basis to do so, PMH may ask you for additional information as needed to determine if you are legally entitled to an exception. ***Objections to COVID-19 vaccinations that are based on non-religious reasons, including personal preferences or non-religious concerns about the vaccine, do not qualify for a religious exception. Social, political, or economic philosophies, as well as mere personal preferences are excluded.***

PMH may consider several factors in assessing whether a request for an exception is based on a sincerely held religious belief, including whether the employee has acted in a manner inconsistent with their professed belief. But no one factor is determinative. An individual's beliefs—or degree of adherence—may change over time and, therefore, an employee's newly adopted or inconsistently observed practices may nevertheless be based on a sincerely held religious belief. All requests for a religious exception will be evaluated on an individual basis.

Signing this form constitutes a declaration that the information you provide is, to the best of your knowledge and ability, true and correct. Any intentional misrepresentation to PMH may result in disciplinary consequences, including termination.

I declare to the best of my knowledge and ability that the foregoing is true and correct.

Print Name: _____ Signature: _____ Date: _____



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COVID-19 RELIGIOUS EXEMPTION REQUEST FORM

Please complete this form in its entirety. All questions are required for the request to be considered by the exemption committee.

Associate Name _____ Employee ID #: _____
Department: _____ Email Address: _____

Please identify your sincerely held religious belief, practice, or observance that is the basis for your request for an exemption from the vaccine requirement: _____

Please briefly explain how your sincerely held religious belief, practice, or observance conflicts with Pulaski Memorial Hospital's vaccine requirement: _____

Is your objection to all vaccines or specific types? _____

Have you received any other vaccines as an adult? _____

If so, what types of vaccines _____

I have read and understand Pulaski Memorial Hospital's "Request for a Religious Exemption to The COVID-19 Vaccination Requirement". My religious beliefs and practices, which result in this request for a religious accommodation, are sincerely held. I understand that the accommodation requested above may not be granted but that the company will attempt to provide a reasonable accommodation that does not create an undue hardship on the company. I understand that Pulaski Memorial Hospital may need to obtain supporting documentation regarding my religious practice and beliefs to further evaluate my request for a religious accommodation.

Employee Signature

Date

Associate Health to fill out			
Approved: _____	Yes _____	No _____	Date _____
Pending Further Review: _____		Initial Review Date _____	
			Employee Notified Date: _____

Please return to Human Resources upon completion