



RELIGIOUS EXEMPTION ATTESTATION FOR COVID-19 VACCINE

Based upon your religious exemption request, we ask that you complete the below attestation. This will help to validate your understanding of the ubiquity of fetal cell use in the testing and development of common medicines and consumer products and support your claim of “sincerely held belief”.

It is important to understand that no fetal cell material is contained in the COVID-19 vaccines, and no abortions were solicited or performed for the purpose of developing them. Additionally, the following is a list of common medicines that, like the COVID-19 vaccines, have used fetal cells in their testing, research, and/or development. This is a commonly used and available, but not all-inclusive list of everyday medicines that fall in the same category as the COVID-19 vaccine in their use of fetal cell lines:

Tylenol	Ibuprofen	Benadryl	Claritin
Pepto Bismol	Maalox	Sudafed	Zoloft
Aspirin	Simvastatin	Albuterol	Suphedrine
Tums	Ex-Lax	Preparation H	Prilosec OTC
Lipitor	Zocor	Enbrel	Azithromycin
Senokot	Zostavax	MMR Vaccine	Varilrix
Motrin	Tylenol Cold/Flu	Acetaminophen	Havrix

_____ With consideration of the above information, I truthfully acknowledge and affirm that my sincerely held religious belief is consistent and true and **maintain my request for religious exemption** based on this belief. I also truthfully affirm that I will abide by the vaccine accommodation requirements and understand that failure to abide by the accommodation requirements will subject me to disciplinary action up to and including termination of employment for failure to adhere to the required infection prevention standards for unvaccinated employees per policy, which may include the following:

- Appropriately wear a surgical or N95 mask
- Social distance while eating or drinking
- Additional COVID-19 testing
- Reassignment to another position to mitigate risk to patients and staff

_____ With consideration of the above information, I **withdraw my request for religious exemption** and will complete the vaccination requirement per hospital policy (HP 23.51).

Print Name: _____ Signature: _____ Date: _____