

Volunteer Name: _____

Phone Number: _____

Email: _____

Religious Exemption Requests. This form is used to request a religious exemption to Lakes Regional Healthcare’s (LRH) COVID-19 vaccination requirement. A religious exemption may be granted when a volunteer has a sincerely held religious belief or practice that is contrary to the practice of immunization and granting the exemption does not cause an undue hardship to Lakes Regional Healthcare. Personal preference and philosophical, political, or sociological objections are not “religious beliefs” for which a religious exemption will be granted.

Definitions:

1. **Religion:** Includes not only traditional, organized religions, but also religious beliefs that are new, uncommon, not part of a formal church or sect, only subscribed to by a small number of people, or that seem illogical or unreasonable to others. Only religious beliefs and practices that are sincerely held will be considered under this policy.
2. **Religious belief:** Includes theistic beliefs (i.e., those that include a belief in God) as well as non-theistic “moral or ethical beliefs as to what is right and wrong which are sincerely held with the strength of traditional religious views.” Religious beliefs typically concern “ultimate ideas” about “life, purpose, and death.” Social, political, or economic philosophies, as well as mere personal preferences, are not religious beliefs and are not covered by this policy.
3. **Religious practice:** Includes, for example, attending worship services, praying, wearing religious garb or symbols, displaying religious objects, adhering to certain dietary rules, proselytizing or other forms of religious expression, or refraining from certain activities. Whether a practice is religious depends on the student’s motivation.

Verification.

I am requesting to decline the COVID-19 vaccination due to a religious reason. It is a genuine and sincere religious belief and not based merely on philosophical, scientific, moral, personal, or medical opposition to the COVID-19 vaccination. I understand that I can change my mind at any time and accept the COVID-19 vaccination, if the vaccine is available.

Volunteer Signature: _____ **Date:** _____

Printed Name: _____

All completed forms will be reviewed. Requests for exemptions will be kept confidential and shared only with those who need to know.

LRH HUMAN RESOURCES USE ONLY:	
Religious Exemption Approved <input type="checkbox"/>	
Religious Exemption Denied <input type="checkbox"/>	Date: ____/____/____