



Request for Religious Exemption from Influenza Vaccination
(To be completed by Caregiver)

CAREGIVER INFORMATION		
Caregiver Name	Caregiver ID Number	Caregiver 3x3
Job Title	Work Location	Department
Supervisor's Name		

RELIGIOUS EXEMPTION REQUEST
<p>I am requesting a Religious Exemption. <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>1. I understand that by requesting an exemption due to religious beliefs I will be required to provide documentation such as a letter documenting the religious beliefs or practices that do not support immunization.</p> <p>2. I understand I will be provided 10 business days to obtain the supporting documentation for a religious exemption.</p> <p>3. I understand I will receive written notification regarding status of exemption request within 5 business days after the required documentation has been provided to PeaceHealth Human Resources.</p> <p>4. I understand if my exemption request is approved, I will be required to wear a mask once flu season is declared when providing patient care and/or working in patient care areas.</p>

Caregiver's Signature

Date