



Employee Request for a Religious Exemption from COVID-19 Vaccine Form

Help at Home’s policy requires that all associates provide documentation of COVID-19 vaccination status. A religious exemption may be valid if (i) the individual holds sincere religious beliefs which are contrary to the practice of vaccination, (ii) completes this form, and (iii) provides the required documentation to support the exemption request. Help at Home is committed to providing a safe, inclusive, and supportive experience for all and recognizes true and genuine observance of faith as it pertains to the practice of immunization.

Individuals with an approved exemption may be required to comply with COVID-19 testing and other preventive requirements based on state, local, and/or Help at Home policy and as may be updated by later notification and/or posting of requirements on the Help at Home website.

The Covid Vaccination Committee will carefully review all requests. Approval is not guaranteed. After your request has been reviewed and processed, you will be notified, in writing, if an exemption has been granted or denied. You may appeal the decision of the committee. The findings and decisions by the appeals committee shall be final. Individuals are permitted to reapply if new documentation and information should become available.

To submit a request, please:

- Read the CDC COVID-19 Vaccine Information;
 - Complete and sign the following page of this form;
 - Complete the Personal Statement Form;
- and
- Submit the completed documents

Incomplete submissions will not be reviewed. Be sure all forms and documentation are submitted at one time.

Initial next to each of the statements below:

_____ I request exemption due to my sincere religious beliefs.

I understand and assume the risks of non-vaccination. I accept full responsibility for my health, thus removing liability from Help at Home with respect to vaccinations.

_____ I understand that as I am not vaccinated, in order to protect my own health and the health of the community, I will comply with assigned COVID-19 testing requirements and other preventive guidance requirements for unvaccinated individuals.

_____ Should I contract or be exposed to COVID-19, I will immediately report it to Help at Home branch leadership and comply with all isolation and quarantine procedures specified by Help at Home.

_____ I acknowledge that I have read the CDC COVID-19 Vaccine Information.

[Coronavirus Disease 2019 \(COVID-19\) | CDC](#)

_____ I certify that the information I have provided in connection with this request is accurate and complete. I understand this exemption may be revoked and I may be subject to Help at Home’s disciplinary action if any of the information I provided in support of this exemption is false.



In the space below, please provide a personal written and signed statement detailing the religious basis for your vaccination objection, explaining why you are requesting this religious exemption, the religious principle(s) that guide your objections to vaccination, and the religious basis that prohibits the COVID-19 vaccination. Please attach additional documentation, if necessary.

PERSONAL STATEMENT

I certify that my statement above is true and accurate and that I hold a sincere religious belief that is against the receipt of the COVID-19 vaccination. I further understand that false information may lead to disciplinary action, up to and including the termination of my employment. With this understanding, I hereby certify and affirm that my response is true and correct.

Printed Name: _____
Signature: _____
Employee ID: _____
Date: _____
Phone Number: _____
Email: _____

By checking this box and typing my name above, I understand and agree that I am submitting this document electronically and that it is the legal equivalent of having placed my handwritten signature on the submitted document.