

**FOR VENDORS/CONTRACTORS ONLY**

**RELIGIOUS ACCOMMODATION REQUEST FORM**  
**FOR THE EXEMPTION OF COVID-19 AND INFLUENZA VACCINES**

I am vendor/contractor requesting an exemption from the mandatory COVID \_\_\_\_\_ / FLU \_\_\_\_\_ vaccine requirements in order to work on any of the Johns Hopkins premises. *(please check one or both)*

Please Complete Each Blank Below and Print Clearly

Name: \_\_\_\_\_ Start Date: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

What Company Do You Work For: \_\_\_\_\_

Which Hospital Will You Be Working In: \_\_\_\_\_

Reason for Religious Accommodation Request (Please explain why your religious belief prevents you from receiving vaccines.):

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