

RELIGIOUS ACCOMMODATION REQUEST FORM
FOR THE EXEMPTION OF VACCINES

I am a new pre-employment hire requesting an exemption from the mandatory COVID ____ /
FLU ____ / Tdap ____ / MMR ____ / Varicella ____ vaccine requirements. *(please check all
that apply)*

Name: _____ Start Date: _____

Email: _____ Phone Number: _____

Which Hospital: _____ Department: _____

Position: _____

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