



COVID-19 Vaccine Religious Exemption Request

PRINT LEGAL NAME (as in Workday System)	Date of Birth
Employee ID Number:	Contact Number
Job Title:	Department:
I certify I am one of the following: <input type="checkbox"/> Employee <input type="checkbox"/> Physician <input type="checkbox"/> Volunteer	
I certify I am one of the following: <input type="checkbox"/> 100% Permanent Remote <input type="checkbox"/> Hybrid <input type="checkbox"/> On-Site	

Any Employee/Physician/Volunteer/Other requesting a religious exemption to the mandatory vaccine requirement must complete the following documentation in accordance with the applicable policy on Workforce COVID-19 Vaccinations.

I have been offered the COVID-19 vaccine by Ochsner Health. I understand that because I work in a health care environment, I may place others at risk, including patients and co-workers, if I work while infected. To minimize this risk, I understand that, if approved, I will always be required to wear an N-95 mask for direct patient care or a KN-95 mask for non-direct patient care and adhere to the weekly testing protocol.

1. When was the last date you received the flu vaccine? (If you are unsure, you can find in ReadySet)
2. When was the last date you received ANY vaccine? (If you are unsure, you can find in ReadySet)
3. Have you previously been vaccinated for any illness or disease? If so, why do you now object to being vaccinated?



4. Describe the reason for your request for a religious exemption from the COVID-19 vaccine requirement.
5. Does the practice or observation of your religion prohibit you from being vaccinated? If so, please describe.
6. Would being vaccinated interfere with your sincerely held religious belief or your ability to practice or observe your religion? If so, please describe.
7. Please provide a statement or explanation that discusses the nature and tenets of your asserted religious beliefs and information about when, where, and how you follow the practice or belief (Must be completed. Attach additional pages if necessary.)

Verification

I request a religious exemption from the COVID-19 vaccine requirement because my sincerely held religious belief, practice or observance prevents me from receiving the vaccine. I certify that receiving the COVID-19 vaccine violates my religious belief, practice, or observance. I further certify that my request for an exemption is not based on mere personal preference or on a philosophical, political, or sociological objection to the COVID-19 vaccine. I understand that my request for an exemption may not be granted if it is not reasonable or creates an undue hardship on my employer.

I verify that the information I am submitting in support of my request for a religious exemption from the COVID-19 vaccine is complete and accurate, and I understand that any intentional misrepresentation contained in this request may result in progressive discipline, up to and including termination of my employment.

****Exemption Request will be reviewed for approval and you will be notified of that decision****

Employee Signature:	Date:

Onboarding Candidates: Please bring the completed request to your Employee Health Appointment.

Employees: Please send the completed form to CovidExemptionRequests@ochsner.org.

After the request has been submitted, it will be reviewed and employee will be notified of decision to grant the exemption (with or without conditions), deny the exemption, or request more information.