

## Religious Exemption Request – Seasonal Influenza Vaccine

***This section to be completed by the individual requesting a religious exemption***

Name _____	Contact Phone Number: _____	Date of Birth: _____
Home Address: _____		Leader Name: _____
I am a(n): <input type="checkbox"/> employee <input type="checkbox"/> student <input type="checkbox"/> contractor <input type="checkbox"/> vendor <input type="checkbox"/> volunteer <input type="checkbox"/> Crothall <input type="checkbox"/> Morrison		
Employee ID number or Worker ID#: _____		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> PRN
Department # _____		
<p>I request a religious exemption from the seasonal influenza vaccination. I understand that this form must be completed and returned to Flu exemption mailbox by the deadline of _____. I also understand that if I am granted an exemption, I must wear a surgical mask at all times when I am in direct contact with, or within 6 feet of, any patient for the duration of the flu season. If I am not granted an exemption, I must receive the vaccination as required by policy.</p>		
Individual's Signature _____		Date _____

***This section to be completed by employee***

Influenza vaccination is the most effective method of controlling the spread of influenza, and the Advisory Committee on Immunization Practices (ACIP) strongly recommends that all health care workers receive the vaccine. In keeping with our commitment to patient safety and *First Do No Harm*, Novant Health now requires its employees, physicians, allied health professionals, students, contractors, vendors and volunteers to receive a seasonal influenza vaccination.

The individual named above has requested a religious exemption. Please complete the bottom portion of this form so that we may consider this request. Failure to provide information below may result in exemption denial.

Sincerely yours,

Eric Eskioglu, MD  
Executive Vice President & Chief Medical Officer  
Novant Health

\_\_\_\_\_

**Explanation of Religious Belief**

Name of Religion \_\_\_\_\_

Please explain the religious belief and how it relates to the influenza vaccine (*note – dietary restrictions based on pork no longer support a religious exemption, as the vaccine is now available without pork components*)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Religious Leader Signature  
(Signature Optional)

***Send completed form to Flu Exemption mailbox***