



**Faithful Home Care Solution's
Request for Religious Exemptions from Vaccines**

Name: _____ Employee ID: _____

1. Please indicate the vaccine(s) from which you are requesting an exemption:

- | | | |
|--------------------------------------|------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Rubella | <input type="checkbox"/> Meningococcal ACWY |
| <input type="checkbox"/> Measles | <input type="checkbox"/> Tdap | <input type="checkbox"/> COVID-19 |
| <input type="checkbox"/> Mumps | <input type="checkbox"/> Varicella | |

2. Describe the religious belief that is preventing you from receiving a vaccination.

3. Did you receive any other vaccine(s) in the last 5 years?

- Yes No

If yes, please identify the vaccine(s) you have received most recently and when you received them.



4. Does your religious belief prevent you from receiving a vaccination derive from a recognized religion?

Yes

No

If yes, please answer the following questions:

Please provide the name of the religion:

Do you belong to an organization or group affiliated with this religion (e.g., church, mosque, synagogue, another group, etc.)?

Yes

No

Please also provide the following information regarding the organization/group:

Name: _____

Address: _____

Phone Number: _____

Website: _____

5. Does your religious belief prevent you from receiving other vaccines or just the vaccines from which you are requesting an exemption?

Yes

No

If yes, please specify:

All Other Vaccines

Some, But Not All Other Vaccines

Only the COVID-19 Vaccines

If your religious belief prevents you from receiving only specific vaccines, please explain why. *(For example, if there is something about the way that the currently approved COVID-19 vaccines are manufactured that prevents you from receiving it, please identify what that is*



Additional Requirement

You are invited to submit additional documentation supporting your application for exemption from a specific vaccination requirement based on a sincerely held religious belief. Additional documentation may include but is not limited to any of the following:

1. Documentation from a leader within your religious organization supporting your belief that your religion prevents you from receiving a specific vaccination.
2. A personal statement from your religious leader that provides a more in-depth description of your belief, its religious nature and why it prevents you from receiving a specific vaccination.
3. A statement from your religious leader who is familiar with your beliefs confirming how your religious belief prevents you from receiving a specific vaccination.

Any additional documentation that you submit will be considered in conjunction with your exemption request.

Additional Attestation if your Request is for the COVID-19 Vaccine

By submitting this exemption request, and as evidenced by my signature below, I acknowledge and agree to the following, that if my exemption request is granted:

- I will get a COVID-19 PCR test twice every week through local a pharmacy and submit it to my employer.
- I will wear a mask in all indoor spaces and practice hand hygiene and surface cleanliness before, during, and after interacting with client.
- I will respect physical distancing guidelines when in the presence of others.
- I will comply with any additional obligations as may be required by my employer.
- I will comply with isolation requirements and contact tracing efforts should I become infected with COVID-19; and
- I understand that failure to follow these requirements may result in termination.

Employee's Signature: _____

Preferred Email: _____

Preferred Phone Number: _____

FHCS Administrator's Approval Signature: _____