

Request for Religious Exemption from COVID-19 Vaccine Form

Name: _____ Badge # (if applicable): _____

Campus: _____ Department: _____

Relationship to Employee | Med Staff | Student Other or New Hire: _____
Kettering Health If a new hire, please provide your date of hire.
(Circle One): Contractor | Volunteer

Email: _____
Note, all decisions will be communicated to your assigned Kettering Health email, if available.

Phone (so we can contact you with questions): _____

Kettering Health employees, employed and non-employed medical staff, volunteers, contractors, vendors, and students are required to be vaccinated against COVID-19 unless they are granted a medical or religious exemption. A religious exemption may be granted if (i) the individual holds sincere religious beliefs which are in direct conflict with receiving the COVID-19 vaccine, (ii) completes this form, and (iii) provides required documentation to support the religious exemption request.

All requests will be carefully reviewed to determine if the request should be granted. You will be notified if an exemption has been granted or denied.

Religious exemption process:

- Read CDC COVID-19 Vaccine Information [Talking to Recipients about COVID-19 Vaccination | CDC](#) (refer to section Understanding and Explaining COVID-19)
- Complete and sign the religious exemption form
- Complete the Personal Statement Form
- Have your religious leader complete the Religious Organization Statement Form
- Submit the completed documents to EHprograms@ketteringhealth.org
- Please put the type of exemption request (religious), your last name, first name, and badge number in the subject line of the email to expedite processing.
- Exemptions submitted after this time will be automatically denied.

This Form requires your signature on Page 2. The statement by a religious leader is optional, but may be included to provide additional evidence of your sincere religious belief. You may attach additional documentation if needed. Incomplete or unsigned submissions will not be reviewed.

Please submit all forms and documentation at one time in one email.

Request for Religious Exemption from COVID-19 Vaccine - Personal Statement Form

Name: _____

Badge#: _____

In the space below please explain your sincerely held religious beliefs that are the basis for your exemption request.

Please briefly explain how the Covid-19 vaccine directly contradicts your sincerely held religious beliefs.

Please submit any supporting documentation such as authorized literature from your religion that explains doctrine/beliefs that you sincerely believe preclude you from getting the Covid-19 vaccination.

Verification and Accuracy (*must be signed by the individual submitting the exemption request*):

By signing below, I am agreeing and attesting to the following statements:

1. I request exemption from the COVID-19 vaccination requirement due to my sincere religious beliefs. I understand and assume the risks of non-vaccination.
2. Should I contract COVID-19, I will immediately report it to Employee Health and comply with all procedures as specified by Employee Health Staff.
3. I acknowledge that I have read the CDC COVID-19 Vaccine Information
4. I understand and agree to comply with and abide all Kettering Health COVID-19 policies and procedures for non-vaccinated employees.
5. I certify that my statement above and all information provided in this form is true and accurate and that I hold a sincere religious belief that is against the receipt of the COVID-19 vaccination. I understand this exemption may be revoked if it is not reasonable or creates an undue hardship on my employer. I understand that any false or incomplete information on this form may result in disciplinary action, up to and including termination for falsification of records.

Printed Name: _____

Signature: _____

Date: _____

