STAFF REQUEST FOR A RELIGIOUS EXCEPTION TO THE COVID-19 VACCINATION REQUIREMENT

CMS policy requires all Long-Term Care Facility employees to be vaccinated against COVID-19, with exceptions only as required by law. In certain circumstances, Federal law may entitle an employee who has a religious objection to the COVID-19 vaccination requirement to an exception from that requirement, in which case the employee would instead comply with alternative health and safety protocols. Our organization is committed to respecting the important legal protections for religious liberty.

To request a religious exception, please fill out this form. The purpose of this form is to start the accommodation process and help your organization determine whether you may be eligible for a religious exception. You do not need to answer every question on the form to be considered for a religious exception, but we encourage you to provide as much information as possible to enable the organization to evaluate your request. Where there is an objective basis to do so, the organization may ask you for additional information as needed to determine if you are legally entitled to an exception. Objections to COVID-19 vaccinations that are based on non-religious reasons, including personal preferences or non-religious concerns about the vaccine, do not qualify for a religious exception.

Organizations may consider several factors in assessing whether a request for an exception is based on a sincerely held religious belief, including whether the employee has acted in a manner inconsistent with their professed belief. But no one factor is determinative. An individual’s beliefs—or degree of adherence—may change over time and, therefore, an employee’s newly adopted or inconsistently observed practices may nevertheless be based on a sincerely held religious belief. All requests for a religious exception will be evaluated on an individual basis.

**Signing this form constitutes a declaration that the information you provide is, to the best of your knowledge and ability, true and correct. Any intentional misrepresentation may result in legal consequences, including termination of employment.**

All information submitted will be kept in strict confidence and will only be shared with surveyors and/or regulatory agencies to demonstrate compliance with CMS regulations.

QUESTIONS:

1. Please describe the nature of your objection to the COVID-19 vaccination requirement.
2. Would complying with the COVID-19 vaccination requirement substantially burden your religious exercise or conflict with your sincerely held religious beliefs, practices, or observances? If so, please explain how.
3. Please provide any additional information that you think may be helpful in reviewing your request. For example:
   * How long you have held the religious belief underlying your objection
   * Whether your religious objection is to the use of all vaccines, COVID-19 vaccines, a specific type of COVID-19 vaccine, or some other subset of vaccines
   * Whether you have received vaccines as an adult against any other diseases (such as a flu vaccine or a tetanus vaccine)

I declare to the best of my knowledge and ability that the foregoing is true and correct.

Print Name Signature

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Date

Exemption Approved

Exemption Denied

Reason for denial