



Hwy. 82 East · 1015 Unity Road · P.O. Box 400 · Crossett, Arkansas 71635 · 870-364-4111 · Fax 870-364-1245

Religious Exemption Request

REVISED: 11/17/2021

Title VII of the Civil Rights Act of 1964 prohibits discrimination on the basis of religion and promotes diversity and inclusion for employees as part of its commitment to equal employment opportunities.

The purpose of this form is to assist in establishing the basis of sincere religious belief, observance or practice. Health Care Providers are required to provide a written and signed statement objecting to immunization due to sincerely held and genuine religious beliefs, observances or practices which conflict with the COVID-19 vaccine. The statement must address all of the following elements:

1. Describe the nature of your objection to the COVID-19 vaccine 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 have you held the religious belief underlying your objection?
 - Whether your religious objection is to the use of all vaccines, COVID-19 vaccine or some other subset of vaccines.
 - Whether you have received vaccines as an adult against any other diseases (such as flu or a tetanus vaccine).

INSTRUCTIONS:

- If you are seeking a **religious accommodation**, you must complete the entire form.
- You must then submit the completed request to the Chief Compliance Officer in a sealed envelope.
- Upon review of the completed form and documentation, you will be notified of the decision regarding your requested accommodation.
- All incomplete forms will be denied for requested accommodation.

Name

Date of Request

Position (if applicable)

Department (if applicable)

Please explain why you are seeking a religious accommodation (use space below and additional sheet(s) as needed). In addition, please provide any documentation of religious exemptions/accommodations that have been previously provided to you by other employers.

In some cases, Ashley County Medical Center will request documentation or other authority of your religious practice(s) or belief(s).

It will be helpful if you provide:

1. A clear individual statement of your sincerely held religious belief, observance or practice.
2. A statement from clergy, bishop, pastor, an individual or group familiar with your sincerely held belief, observance or practice.
3. Provide detailed information how your sincerely held religious belief, observance or practice conflict with the COVID-19 vaccine.

If requested, can you provide documentation or other authority to support the need for an accommodation from the vaccine due to your religious practice(s) or belief(s)? Yes____No____

I am requesting an exemption from the required vaccination due to my sincerely held religious belief, observance, or practice that prevents me from being vaccinated.

I verify that the above information is complete and accurate, and I understand that any intentional misrepresentation contained in this request may result in disciplinary action.

I also understand that my request for an accommodation may not be granted if it is not reasonable, if it poses a direct threat to the health and/or safety of others and/or to me, or if it creates an undue hardship on Ashley County Medical Center.

Signature

Date