

Pursuant to Executive Order 13G, State Employees and State Hospital Employees may apply for a religious exemption from the requirement to obtain the COVID-19 vaccine by using this request form.

If you have a sincerely held religious or spiritual belief that you believe prevents you from receiving the COVID-19 vaccine, you must sign and upload the request form for consideration. All requests and supporting documentation will be reviewed by [insert Name of Reviewer]. [Insert Name of Reviewer] may contact you for additional information or for clarification.

A “sincerely held religious or spiritual belief”:

- should be more than a social, economic, or political philosophy; and
- need not be tied to a specific religious organization, but should relate to a belief system that is comprehensive and addresses fundamental and/or ultimate questions.

The completed form together with any supporting documentation must be signed and uploaded by no later than [insert date]. All requests are considered pending until the requestor receives notice of an approval or denial. If no decision has been made by September 27<sup>th</sup>, 2021, a requestor must comply with the testing option set out in Executive Order 13G until a decision is made. State Hospital Employees who are denied an exemption shall have ten (10) days from the date of the notice of the denial to receive the vaccine (either a single-dose vaccine or first dose of the 2- dose vaccine).

### Religious Exemption Request

Name: (Last)	(First)
Date of Birth	
Position/Job Title	
Agency	
Manager/Supervisor	
Employee ID	
Email:	
Phone Number	

In the space below, please provide a personal statement detailing the religious basis for your vaccination objection, explaining why you are requesting this religious exemption, the religious principle(s) that guide your objection to vaccination, and the religious basis that prohibits you from receiving the COVID-19 vaccination. Please attach additional documentation, if necessary. [Insert Reviewer name ] may need to discuss the nature of your religious belief(s), practice(s) and/or request for exemption with your witness or religious leader(s) (if applicable) and will contact you if that becomes necessary. [Insert Reviewer name] may also request additional supporting documentation if needed.

Have you received immunizations in the past?  Yes or  No (check one)

If yes to the previous question, please provide an explanation detailing any changes in your religion, belief, or observance that have occurred since your last immunization, or the reason(s) that you believe your religion, belief, or observance prevents you from receiving the COVID-19 vaccine:

By signing this form, you certify that the information you have provided in connection with this request is accurate and complete as of the date of submission. You understand this exemption may be revoked and you may be subject to disciplinary action if any of the information you provided in support of this exemption is false. You further acknowledge that if your request is approved, you will receive a religious exemption from receiving the COVID-19 vaccine and will be required to comply with the testing requirement set out in Executive Order 13G.

I acknowledge that I have read the CDC Covid-19 Vaccine Information (<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/index.html>).

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed/Typed name: \_\_\_\_\_