

COVID-19 Vaccination Religious Exemption Request Form

In accordance with WVUHS's Reasonable Accommodations Policy, WVUHS provides reasonable accommodations, absent undue hardship, to employees with sincerely held religious beliefs, observances, or practices that conflict with getting vaccinated or receiving the type of vaccine currently available.

HCWs whose religious beliefs prevent them from obtaining the COVID-19 vaccination must submit the Religious Exemption Request Form to WVUHS Employee Health. The request will be reviewed and ultimately referred to the local employer for final disposition. In order for any exemption request to be granted, the request must be approved by the employer and the COVID-19 Religious Exemption Review Committee. The request form must be received no later than September 15, 2021. Consequences of submitting a religious exemption request after the defined deadline may result in the exemption request being denied.

Religious exemption for the influenza vaccination does not apply to the COVID-19 vaccine. Workers with an influenza religious vaccination exemption must apply for a separate COVID religious vaccine exemption if they believe their religious beliefs requires exemption.

If your religious beliefs or practices conflict with COVID-19 vaccination requirement, please provide the following information.

Basic Information

PLEASE PRINT THE FOLLOWING INFORMATION:

| Name: | Date of Request: // | | | |
|-------------------------------------|---------------------|----------------|------------------|-----------------|
| Department: | Supervisor/Manager: | | | |
| Position/job title: | | | | |
| Do you have direct patient care? | YES 🗆 | NO 🗆 | | |
| Did West Virginia University Health | System grant | you a religiou | s exemption from | m the mandatory |
| influenza requirement in a previous | flu season? | YES 🗆 | NO 🗆 | |

Please explain why you are seeking an exemption?

In some cases, West Virginia University Health System may need to obtain additional information and/or documentation about your religious practice(s) or belief(s). We may need to discuss the nature of your religious practice(s), belief(s) and accommodation with your religion's





spiritual leader (if applicable) or religious scholars to address your request for an exemption. If requested, can you provide documentation to support your belief(s) and need for an accommodation?

YES □ NO □

If no, please explain why:

Are you attaching any supporting documentation to this request?

YES □ NO □

Verification and Accuracy

I verify that the above information is complete and accurate to the best of my knowledge, and I understand that any intentional misrepresentation contained in this request may result in disciplinary action, including employment termination. I also understand that my request for an exemption may not be granted if it is not reasonable or if it creates an undue hardship on my employer.

If you are granted a religious exception, you will be required to wear a mask when working in any West Virginia University Health System facility. The type of face mask required is dependent on the role you play within the organization and you should follow your department's requirement for type of face mask/covering. In certain areas, where patients are exceptionally vulnerable, West Virginia University Health System may not be able to reasonably accommodate unvaccinated employees.

Unvaccinated asymptomatic employees will be required to submit daily attestations that they are symptom free and undergo twice weekly testing for COVID-19.

| Signature: | Date: |
|------------|-------|
| | |

Print Name: _____

PLEASE FAX, E-MAIL, OR MAIL THIS FORM TO EMPLOYEE HEALTH AT WVU HOSPITALS





1 Medical Center Drive PO Box 8120 Morgantown, WV 26506-8120 Office: 304.598.4160 Fax 304.598.4957 employeehealth@wvumedicine.org

| FOR EMPLOYER'S USE ONLY | | | |
|---|--|--|--|
| Date Received: Initials of Recipient: Documentation attached? | | | |
| FOR EMPLOYER'S USE ONLY TO BE COMPLETED BY WVUH EMPLOYEE HEALTH, IF NEEDED: Received Flu Vaccine Previously? YES NO | | | |
| If yes, identify when: | | | |
| Received Other Vaccinations or Injections Previously? | | | |
| YES D NO D | | | |
| If yes, please identify type and date: | | | |
| TO BE COMPLETED BY (1) HUMAN RESOURCES OR (2) EMPLOYEE HEALTH Exception Granted? YES NO I If no, explain why: | | | |

EH 8/2021

