

NEW HIRE

REQUEST FOR RELIGIOUS COVID-19 VACCINE EXEMPTION

Send Completed Form to exemption@nmhs.org or fax to 402-354-2218. Please type *encrypt* in the subject line.

EMPLOYEE COMPLETE:

Name: _____ Supervisor Name: _____

Preferred Email: _____ Recruiter: _____

Note that beliefs pertaining to economic, social, personal preferences or political ideals are not considered religious for the purpose of compliance with this regulation, nor are concerns about vaccine safety, efficacy, trustworthiness of the media, government and/or the pharmaceutical industry.

Please describe the nature of your sincerely held religious belief, practice or observance that conflicts with your ability to be vaccinated from COVID-19.

What specific doctrines or beliefs are contradictory to you accepting the COVID-19 vaccine?

I certify the above information to be true and accurate, and will provide supporting documentation at the request of the Religious Exemption Panel.

Employee Signature

Date

RELIGIOUS EXEMPTION PANEL COMPLETE:

- Accepted Religious Exemption
 Denied Religious Exemption

If the request was denied, please indicate why below:

Printed Reviewer Name

Reviewer Signature

Date

HR USE ONLY:

Communicated to Employee & Supervisor: _____

Data Entered: _____

Copy sent to Employee Health: _____