



## RELIGIOUS OR SINCERELY HELD BELIEF EXEMPTION REQUEST FORM INFLUENZA VACCINATION

TEAM MEMBER – PLEASE PRINT THE FOLLOWING INFORMATION

Name: \_\_\_\_\_ Date of Request: \_\_\_\_/\_\_\_\_/\_\_\_\_

Team Member Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Location: \_\_\_\_\_

Department: \_\_\_\_\_ Manager: \_\_\_\_\_

Hackensack Meridian Health is committed to diversity and inclusiveness of all of our Team Members. If you have a religious or sincerely held belief which conflicts with Hackensack Meridian Health's influenza vaccination requirement and wish to request an exemption from this requirement, please provide details regarding your request for exemption in the space provided below. You may also attach additional information or documentation about your religious or sincerely held belief.

Name of Religious Belief, Church or Religious Body: \_\_\_\_\_

Details regarding Request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In some cases, Hackensack Meridian Health will need to obtain documentation or other authority regarding your religious practice or belief. We may need to discuss the nature of your religious belief(s), practices and accommodation with your religion's spiritual leader (if applicable) or religious scholars to address your request for an exemption.

If requested, can you obtain documentation or other authority to support the need for an exemption based on your religious practice or belief?      YES \_\_\_\_\_ NO \_\_\_\_\_

If NO, please explain why: \_\_\_\_\_

### **VERIFICATION AND ACCURACY**

I verify the above information is complete and accurate to the best of my knowledge and I understand that any intentional misrepresentation in this request may result in disciplinary action.

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 Hackensack Meridian Health.

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