



COVID-19 Religious Exemption Request Form

Open Arms Free Clinic (O AFC) requires all staff members (defined as employees, volunteers, and students) to comply with O AFC's COVID-19 Vaccination Policy. If you have a sincerely held religious belief that you believe should exempt you from complying with the COVID-19 Vaccination Policy, you must submit this completed form. The exemption request will be reviewed by the Executive Director, a member of the Board of the Directors, and when possible, a volunteer clergy member from the community. If your request is approved, you will be exempted from the applicable requirements described in the COVID-19 Vaccination Policy. If your request is denied, you will be required to fully comply with the COVID-19 Vaccination Policy as a condition of your association with O AFC.

How do I apply for a religious exemption:

- 1. Complete the attached COVID-19 Vaccination Religious Exemption Request Form**
- 2. Optionally – attach documentation from your religious leader that explains why your sincerely held religious belief justifies exemption from vaccination**
- 3. Examples for bases for exemption request that will likely result in denials:**
 - a. Misinformation – such as microchip, magnets, DNA-altering technology, adverse impact on fertility (see myths addressed by the CDC).
 - b. Legal Arguments – request including the constitutional, regulatory or privacy justification for vaccine exemption
 - c. Use of fetal stem cells, tissue, or derivative materials in the vaccine – these ingredients are associated only with the Johnson & Johnson vaccine. Pfizer and Moderna vaccines are available
 - d. Use of animal cells, tissues or derivative materials in the vaccines – animal products are not used in the manufacturing of COVID-19 vaccines.
 - e. Social, philosophical, political or economic beliefs – exemption requests must present a clear connection between a sincerely held religious belief or principles and vaccination.
 - f. Non-secular/religious statements (e.g., quoting or citing scripture of sacred texts) without a clear connection between the sincerely held religious belief or principles and vaccination. Religious texts are open to interpretation and the religious exemption request must provide that interpretation.
- 4. Submit the completed Request form to the Executive Director**
- 5. Appeals:** A staff member who is denied a request may file an appeal with the Executive Director within 5 days of denial notification.



6. If the request is approved the applicant must:

- a. Comply with OAFB guidance on PPE use
- b. Comply with OAFB guidance on travel and testing requirements
- c. Must complete daily COVID-19 symptom screening process prior to contact with patients, students or volunteers.
- d. Comply with the applicable testing and/or face covering requirements in OAFB's COVID-19 Vaccination Policy



COVID-19 Vaccine Religious Exemption Request Form

SECTION 1: To be completed by staff member

Name	
Date of Birth	
Phone number	
Email Address	
Role: (Employee, volunteer, student)	

Exemption Requestor Signature: _____ **Date:** _____

Please describe your sincerely held religious belief, practice or observance below. Include how this belief, practice or observance conflicts with OAFc's requirements in the COVID-19 Vaccination Policy, and whether or not it applies to all vaccines or just this vaccine. If there is additional information you would like to include, please do so.

You may also submit a statement from your religious leader addressing these items. Attach additional pages as necessary.



Verification and Accuracy

I verify that the information I am submitting in support of my request for an accommodation 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.

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 in the workplace and/or to me, or if it creates an undue hardship on _____. I understand that this is a temporary accommodation that may be revoked or changed as circumstances change.

Signature: _____

Date: _____

Print Name: _____

SECTION 2: To be completed by individuals reviewing.

Date this Request Form Received: _____

Interactive Discussion Date(s) if applicable:

Exemption/Accommodation granted? Yes _____ No _____

Describe Exemption/Accommodation:

If Exemption/Accommodation granted, list required alternative safety precautions required:

If Exemption/Accommodation not granted, explain why not:

Name of Representative: _____

Signature of Representative: _____

Date: _____