



Religious Exemption Request Form

This form is to be completed by anyone requesting an exemption to the COVID-19 vaccine required by H&G Nursing Homes, Inc. due to a sincerely held religious belief, practice or observance.

PART I: To be completed by the person requesting a religious exemption

Name: _____ Date of Request (MM/DD/YYYY): ____/____/____

Date of Birth: _____ Phone #: _____ Email Address: _____

Work Location: _____ Department: _____ Job Title: _____

PART II: To be completed by the person requesting a religious exemption

H&G Nursing Homes, Inc dba Adams County Manor and Morris Nursing Home requires SARS-CoV2 (COVID-19) vaccination(s) for all its employees, contracted personnel, students, trainees, volunteers and all who provide care or services to the facilities to further fulfill their duty to protect patients, staff/co-workers, family members and the community from the transmission of infection. Leading healthcare authorities and organizations recommend vaccination for healthcare workers because it has been proven through numerous studies to be effective in minimizing the incidence and adverse effects of the illness on patients and workers.

To apply for an exemption from the required vaccination(s) based on a sincerely held religious belief, practice or observance, you must completed and submit this Religious Exemption Request Form to Exemption-Review-Committee@hg-nh.com for review and approval by the Exemption Request Review Committee.

Please provide the following information:

1. Please identify the nature of your religious belief, practice or observance that conflicts with meeting the requirements of the Mandatory COVID-19 Vaccine policy:

2. Please explain why you believe it precludes you from vaccination:



All those seeking an exemption for a sincerely held religious belief, practice or observance are encouraged to include any additional documentation and/or information you believe may be helpful in explaining your religious belief, practice or observance to the Exemption Request Review Committee. Please feel free to add attachments or use additional space to provide explanations. Statements or documentation provided by a spiritual leader or scholar of your religious beliefs, practices or observances are acceptable should you wish to submit them in conjunction with this request form. However, no such additional documentation should solely take the place of completing this request form in its entirety.

In some cases, the Exemption Request Review Committee will need to obtain additional information regarding the facts and circumstances related to your identified religious beliefs, practices or observances to further support your need for accommodation. The committee and/or its representatives may need to discuss the nature of the religious beliefs, practices or observances with you and/or any cited spiritual leader or scholar of your religion (if applicable) to address your request for exemption. You will be notified if additional information or further conversation is needed during this interactive process.

AFFIDAVIT

This Religious Exemption Request Form and the documents provided in aggregation constitute my sincerely held religious belief, practice or observance. I understand that knowingly providing false or misleading information along with this Affidavit could warrant criminal penalties for evading compliance with established regulation designed to protect the health and well-being of those we provide care to and work beside and could result in disciplinary action up to and including termination of employment.

Signature of Person Requesting Exemption

Date

Notarization required**

STATE OF _____ COUNTY OF _____

Sworn to before me and subscribed to in my presence this _____ day of _____, 20_____.

Signature of Notary

Affix Seal/Stamp

My commission expires _____, 20_____

Please return completed request form and any additional and supporting documentation to the Exemption Request Review Committee at Exemption-Review-Committee@hg-nh.com

Please be sure that the above Affidavit is signed and notarized prior to submitting. Request forms with incomplete sections, missing signatures and/or incomplete notarization will be automatically denied and the exemption request process will start over. You will be notified in writing of the decision to Approve or Deny your request for exemption after the review process is completed.



A series of horizontal lines providing a space for notes or a list of items.

Print or copy additional pages if needed....