



## **Religious Declination**

**I understand that receiving COVID-19 and or Influenza vaccination is considered as a “standard of care” for all persons working in a healthcare setting and as a condition of employment by Beacon Health System. I understand the vaccination options and have been given information regarding both vaccine types and the vaccine is offered to me at no charge.**

I am declining vaccination that is offered to me by Beacon Health System. I am declining vaccination due to a sincerely held religious belief, I understand that no HCP certification will be required, but I must still submit this completed document to Employee Health Service.

Beacon Health System reserves the right to request additional information to verify the need for the requested declination.

Associate Name:

Employee ID#:

Email Address:

Telephone Number:

Department Manager:

Beacon Health System may also accept a declination on the basis of a sincerely held religious belief as long as the requested declination does not present an undue hardship to the operation of Beacon’s business.

Please choose ONE vaccine you are wishing to decline (only one declination per form)

- Covid-19
- Influenza

1. ( ) Religious

- a) Please identify your sincerely held religious belief, practice or observance that is the basis for your request for an exemption from the vaccine requirement:

Associate Name:

b) Please briefly explain how your sincerely held religious belief, practice or observance conflicts with Beacon Health System vaccine requirement:

c) Please provide any additional information that you think might be helpful in reviewing your religious exemption request:

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*This area for Office Use Only*

( ) Approved ( ) Employee/Management Notified

( ) Declined, proceed with vaccination ( ) Employee/Management notified

Director of EHS Signature: \_\_\_\_\_ Date: \_\_\_\_\_