



Marshall Health



COVID-19 Vaccine Religious Exemption Request Form

Marshall University Joan C. Edwards School of Medicine ("SOM") and University Physicians & Surgeons, Inc. d/b/a Marshall Health ("MH") promotes workplace diversity and an inclusive workplace for all employees as part of their equal employment opportunity commitments. If your religious beliefs or practices conflict with the COVID-19 Vaccination Policy, please provide the following information.

EMPLOYEE INFORMATION

Name: _____ Date of request: _____

Department: _____ Position title: _____

Do you have direct patient care? Yes No

Phone number: _____ Email: _____

Immediate supervisor: _____ Supervisor phone number: _____

EXEMPTION INFORMATION

Please explain why you are seeking a religious exemption (use space on page 2 and additional sheets if necessary):

In some cases, MH may need to obtain additional information and/or documentation about your religious practice(s) or belief(s). MH may need to discuss the nature of your religions belief(s), practice(s), and accommodation with your religion's spiritual leader (if applicable) or religious scholars to address your request for an exemption.

If requested, can you provide documentation to support your belief(s) and need for an accommodation? Yes No

If no, please explain why (use space on page 3 and additional sheets if necessary):

Are you attaching any supporting documentation to this request? Yes No

VERIFICATION AND ACCURACY

I verify that the above information 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, up to and including possible termination. 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 my employer.

Signature: _____ Date: _____

Print name: _____

SUMMARY OF NEXT STEPS

- Requests will be reviewed by Marshall Health Occupational Health, in coordination with SOM/MH Human Resources and the Marshall Health's Executive Management Team Human Resources.
- You will be notified of the decision within 7 days regarding your requested exemption.
- If granted, you may be required to wear a surgical mask when working directly with patients, working in patient areas, or coming within 6 feet of patients. In certain areas, where patients are exceptionally vulnerable, Marshall Health may not be able to reasonably accommodate unvaccinated employees.
- Marshall Health will only reconsider a denial if new information is provided to support the request.

Please return this completed request to the Division of Occupational Health:
Georgetta Ellis, Clinical Coordinator, 304-691-1110 or ellisg@marshall.edu

FOR EMPLOYER'S USE ONLY

Date received: _____ Initials of recipient: _____

Documentation attached? Yes No

FOR EMPLOYER'S USE ONLY – TO BE COMPLETED BY OCCUPATIONAL HEALTH

Has the employee previously received a flu vaccine: Yes No

If yes, please give the date of vaccine: _____

Has the employee previously received other vaccinations or injections? Yes No

If yes, please give the type and date: _____

FOR EMPLOYER'S USE ONLY

Exemption granted? Yes No

If no, please explain: _____

