

PHILIP HEALTH SERVICES

VACCINATION OR MASK RELIGIOUS EXEMPTION REQUEST FORM

Philip Health Services requires vaccination against COVID-19 as a condition of employment. Philip Health Services also requires masking if employees are unvaccinated, or in certain other circumstances even if employees are fully vaccinated, as identified in policy. Philip Health Services is committed to and promotes workforce diversity and an inclusive workplace as part of our equal employment opportunity commitments. If your sincerely held religious belief, practice, or observance conflicts with the vaccination or mask requirements, please provide the information requested below.

Basic Information

Name: _____

Position Title: _____

Location: _____

Phone Number: _____

<i>Preferred Contact Information</i>	<i>(Please Complete)</i>
Phone Number: _____	Email Address: _____
Mailing Address _____	
_____	_____
<i>City</i>	<i>State</i> <i>Zip Code</i>

Please identify your sincerely held religious belief, practice, or observance that is the basis for your exemption request (attach additional sheets if necessary).

Please explain how your sincerely held religious belief, practice, or observance conflicts with Philip Health Services' COVID-19 vaccination or mask requirement and identify the religious foundation for the belief (e.g., doctrine, scripture, observance, training, letter from your religious leader, etc.) (Attach additional sheets if necessary).

In some cases, Philip Health Services may need additional information or documentation about your sincerely held religious belief, practice, or observance to evaluate your exemption request. We may need to discuss the nature of your sincerely held religious belief, practice and exemption request 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 request for an exemption?

Yes No

If no, please explain why (attach additional sheets if necessary):

I verify that the information I am submitting to substantiate my request for religious exemption from Philip Health Services' COVID-19 vaccination and/or mask requirements, as identified in policy, is true and accurate to the best of my knowledge.

I understand that any falsified information can lead to disciplinary action, up to and including termination.

I further understand that Philip Health Services is not required to provide this religious exemption accommodation if doing so would pose a direct threat to myself or others in the workplace or would create an undue hardship for Philip Health Services.

Signature: _____

Print Name: _____

Date: _____