

COVID-19 Religious Exemption Request Form - rev 3-3-22

For use in States outside of California

Verified Professional's Information – To be completed by self

Verified Professional's Printed Name		Date	Month	Day	Yr
3-4 ID: <i>If applicable</i>					

INSTRUCTIONS: Carefully read information below regarding masking expectations of you when accessing HCA Healthcare sites. Your completion of this form and your signature is required wherever noted on this form. Incomplete forms, will be rejected. We appreciate your understanding and cooperation with this patient safety compliance initiative.

HCA Healthcare and HealthTrust Workforce Solutions Verified Professionals strongly recommends that all healthcare workers receive the COVID-19 vaccination series. However, if you have been granted an exemption, there are certain requirements that must be adhered to while in the clinical setting.

Protect yourself and others by maintaining distance from others whenever possible. **Unvaccinated healthcare workers must wear an approved respirator in all clinical areas.**

Respirator: A respirator is a personal protective device that is worn on the face, covers at least the nose and mouth, and is used to reduce the wearer's risk of inhaling hazardous airborne particles (including dust particles and infectious agents), gases, or vapors. Respirators, including those intended for use in healthcare are certified by the CDC/NIOSH.

- Wearing this mask is required for those who are unvaccinated against COVID-19.
- Guidance for non-fit-tested N-95 Respirators can be found using the link in Resource section of this email communication.
- It is recommended that unvaccinated healthcare workers not care for immunocompromised patients.
- Unvaccinated and fully vaccinated healthcare workers should continue to universally mask while at work for source control, maintain appropriate physical distancing while interacting with coworkers, and follow the recommended transmission-based precautions while caring for patients or residents.
- If you are feeling ill, please stay home. Do not report to work if you have any signs consistent with COVID-19 (measured or subjective fever) or symptoms (e.g., cough, shortness of breath, sore throat, muscle aches, headache, loss of taste or smell). If you develop fever or respiratory symptoms at work, isolate yourself immediately, leave work and report symptoms to your supervisor or occupational health services before departure.
- Refer to your facility policy for specific guidance.
- Even after receiving an exemption approval, you may decide to receive your vaccination. Please visit <http://www.vaccines.gov> to find a vaccination location near you.

Signature by Verified Professional		Date	Month	Day	Yr

- **Please note, as a part of the exemption quality process, a secondary review of the exemption may occur and you may be contacted for additional follow-up.**
- **If your request form is denied, you will be informed.**

Resources:

- OSHA - Protecting Workers: Guidance on Mitigating and Preventing the Spread of COVID-19 in the Workplace- <https://www.osha.gov/coronavirus/safework>
- CDC – COVID-19 - <https://www.cdc.gov/coronavirus/2019-ncov/index.html>
- CDC – Clinical Care Information for COVID-19 - <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-care.html>
- CDC – Infection Control <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

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A religious exemption to COVID-19 vaccination may be granted based on an individual’s sincerely held religious belief that prevents them from being vaccinated. A sincerely held religious belief need not be rooted in a traditional religious faith. It may be new, unfamiliar, unusual, unorthodox, or held by only a small group of people. While it does not include political ideology, social philosophy, or personal preference, it does include a moral or ethical belief system about what is right and wrong that is sincerely held with the strength of traditional religious views.

I attest that my religious belief is sincerely held and receiving the COVID-19 vaccination conflicts with my religious belief.

By signing this document, I attest that my statement above is true and accurate and that I hold a sincere religious belief that prohibits COVID-19 vaccination.

Verified Professional's Signature		Date	Month	Day	Yr

- **Please note, as a part of the exemption quality process, a secondary review of your exemption request may occur, and you may be contacted for additional follow-up. If this request is approved, you will be required to practice universal masking or wear an approved respirator in all clinical areas (as noted on page 1) in the workplace unless actively eating or drinking.**
- **If your request form is denied, you will be informed.**