



Request for Religious Exemption from the COVID19 Vaccination

Important Information Regarding Religious Exemption Requests:

Religious exemptions from vaccination will be considered for individuals who have sincerely held religious beliefs that prevent them from being vaccinated against COVID-19. Employees must complete this form to begin the process to determine exemption status.

Completing this form:

To request a religious exemption from vaccination, this form must be completed and submitted via email to exemption@aminj.com. Failure to completely and accurately provide the information requested in a timely manner may result in a delay in processing which can result in a denial of the request for exemption.

Part 1: To Be Completed by the Employee

Name: _____

Date of Request: _____

Title: _____

Department: _____

1. Please describe the religious belief that prevents you from receiving the COVID-19 vaccination.

2. Does the religious belief that prevents you from receiving the vaccination derive from an established and recognized religion?

_____ Yes _____ NO

If yes, please answer the following:

- Please provide the name of the religion: _____
- Please indicate when you first began to Practice this religion: _____
- Do you belong to an organization or group affiliated with this religion (i.e., church, mosque, synagogue, or other group, etc.) _____ Yes _____ No

If yes, please indicate the date in which you first began affiliated with the organization or group.

If yes, please also provide the following information regarding the organization or group:

Organization Name: _____

Address: _____

Phone Number: _____

Website: _____

Supporting documentation is encouraged to support your request for exemption and can include:

- Documentation from a leader within your organization supporting the belief that your religion prevents you from receiving the COVID-19 vaccination.
- Books, pamphlets, text, or other materials to support your religious believe that you are prevented from receiving the COVID-19 vaccination.

Employee signature: _____

Date: _____