

Request for Religious Exemption from Influenza Vaccination

As a patient safety and health care personnel safety initiative, St. Luke's University Health Network (SLUHN) is requiring annual influenza vaccination for health care personnel. This is similar to other vaccinations that the health care organization requires as a condition of employment.

For decades, influenza vaccination has been recommended for health care personnel and has been shown to be effective in protecting patients from influenza illness and complications related to influenza. Increasingly, national professional, health care, and infection prevention organizations are strongly recommending that health care organizations require annual influenza vaccination to protect the health and safety of patients, employees, patient and employee family members, and the community as a whole from influenza infection.

SLUHN will recognize exemptions to annual influenza vaccination for health care personnel with sincerely held religious beliefs or practices that prohibit them from receiving the influenza vaccination. The individual identified below is requesting to be exempt from influenza vaccination for religious reasons. Please confirm that the employee follows religious beliefs that would qualify for an exemption by completing the information below. If you have any questions, please contact Human Resources. This form must be submitted by AUGUST 30.

Name of Individual: _____ **DOB:** ____/____/____

Name of Religion: _____

****** A description of the religious belief, doctrine or practice that prohibits influenza vaccination should be written on official letterhead stationery and MUST accompany this request ******

I certify that the above individual sincerely believes in or practices a religion that prohibits influenza vaccination. I understand that I could be contacted for additional clarification.

Name of Clergy: _____

Name and Address of Religious Organization: _____

Phone Number of Religious Organization: _____

Signature of Clergy: _____

Signature stamps are not acceptable

FOR OFFICE USE ONLY

Received by Human Resources on the following date: _____/_____/_____

Reviewed by Human Resources on the following date: _____/_____/_____

Approved by: _____

Date: _____/_____/_____

Disapproved by: _____

Date: _____/_____/_____

Person requesting the exemption notified on the following date:

_____/_____/_____