Advocate Aurora Health requires COVID-19 vaccinations for all team members including physicians, medical staff members and other privileged practitioners, students, remote workers, volunteers and vendors are required to get the COVID-19 vaccine. If you have a sincerely held religious belief that you believe should exempt you from receiving the COVID vaccine, you must submit this completed form by **08/27/2021**. The exemption request will be reviewed by a multidisciplinary Advocate Aurora team and considered on a case-by-case basis. If your request is approved, you will be exempted from receiving the COVID-19 vaccine this year and for the duration of your employment with Advocate Aurora. If your request is denied you will be required to receive the COVID vaccine as a condition of your continued employment. Alternatively, you may submit an appeal of the denial within 5 business days of the denial notification.

**HOW DO I APPLY FOR A RELIGIOUS EXEMPTION?**

 Required: Complete the attached COVID-19 Vaccination Religious Exemption Request Form

 Optional: Supporting documentation

Attach documentation from your religious leader that explains why your sincerely held religious belief justifies exemption from vaccination.

**Examples of bases for exemption requests that will result in denials:**

1. Misinformation – such as, microchip, magnets, DNA-altering technology, adverse impact on fertility (see myths addressed by the [CDC](https://www.cdc.gov/coronavirus/2019-ncov/vaccines/facts.html)).
2. Legal arguments – requests including the constitutional, regulatory, or privacy justification for vaccine exemption.
3. Fetal stem cells, tissue, or derivative materials –these [ingredients](https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html#Appendix-C) are associated only with Johnson & Johnson vaccine. Pfizer and Moderna vaccines are available.
4. Animal cells, tissue, or derivative materials -- animal products are not used in the manufacturing of COVID-19 vaccines.
5. Social, philosophical, political, or economic beliefs – exemption requests must present clear connection between a sincerely held religious belief or principles and vaccination.
6. Non-secular/religious statements (e.g. quoting or citing to scripture or sacred texts) without a clear connection between the sincerely held religious belief or principles and vaccination. Religious texts are open to interpretation and the religious exemption request must provide that interpretation.

**WHERE DO I SEND MY EXEMPTION REQUEST?**

Email completed exemption forms and documentation to: [AAH-covidexempt@aah.org](mailto:AAH-covidexempt@aah.org).

**MY RELIGIOUS EXEMPTION WAS DENIED. HOW CAN I APPEAL?**

A team member who is denied a request for a religious exemption can appeal in writing within five (5) business days of written denial notification. The appeal can be e-mailed to [AAH-covidexempt@aah.org](mailto:AAH-covidexempt@aah.org).

**IF MY EXEMPTION REQUEST IS APPROVED, WHAT WILL I NEED TO DO?**

If you are granted an exemption to the COVID-19 vaccine based on a sincerely held religious belief, you are required to comply with the following conditions in order to remain employed at Advocate Aurora Health:

1. Must comply with current Advocate Aurora guidance on PPE use (add link)
2. Must comply with current Advocate Aurora guidance on travel and testing requirements
3. Must complete the current SafeCheck or daily COVID-19 symptom screening process prior to entering an Advocate Aurora site

**WHO DO I CONTACT FOR MORE INFORMATION?**

Email all questions regarding religious exemptions to: [AAH-covidexempt@aah.org](mailto:AAH-covidexempt@aah.org)

|  |
| --- |
| Name: |
| Employee ID: Site/Department: |
| Date of Birth: |
| Phone #: |
| Email address where we may communicate approval/denial: |
| Please check one:  Team member, including employed physicians  Aligned provider   Volunteer  Other (specify): |

* I am requesting religious exemption. I will explain those sincerely held religious beliefs below (and will attach additional pages, if necessary).***I understand that there MUST be a clear connection provided/explained between my sincerely held religious belief and the justification for vaccine exemption.** I will include information that supports my religious belief as sincerely held and practiced in my life (e.g. consistent practice over time, applies to practices and behaviors other than vaccination, influences health care decisions).

Team Member/Exemption Requestor signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_