



REQUEST FOR RELIGIOUS ACCOMMODATION: COVID-19 EXEMPTION

Instructions for completion by employees or, as applicable, students, residents, other learners, or other third parties (all collectively referenced in these forms as “Covered Individuals”):

- Step 1: Complete the *Request for Religious Accommodation: COVID-19 Exemption* form. Sign and date the Verification.
- Step 2: Attach the signed and dated Individual Statement as referenced in the *Request for Religious Accommodation: COVID-19 Exemption* form. If you have any additional documentation you would like to be considered in connection with your exemption request, please attach it to the form as well.
- Step 3: Submit the completed form and appended information to the Employee Health Department by the date established in the LCMC Health COVID-19 Vaccine Policy.
- Step 4: You will be contacted with a decision regarding your exemption request or for additional information if needed to reach a decision.



REQUEST FOR RELIGIOUS ACCOMMODATION: COVID-19 EXEMPTION

Covered Individual's Printed Name: _____

Employee or Student Number: _____

Job Title: _____

Preferred Phone No.: _____

Email: _____

[Note that all written communications concerning this Request will be sent via this email address only]

Employed/Home Facility: [Check Applicable Facility]

- Children's Hospital
- Children's Hospital Medical Practice Corporation
- East Jefferson General Hospital
- East Jefferson Physicians Group, LLC
- East Jefferson Radiation Oncology, LLC
- Metairie Physician Services, Inc.
- West Jefferson Medical Center
- New Orleans Physicians Services, Inc.
- Touro Infirmary
- Crescent City Physicians, Inc.
- University Medical Center
- New Orleans East Hospital
- NOLA Physician Group
- LCMC Health Corporate Office
- LCMC Health Anesthesia Corporation
- Other _____

If a student or other learner, please list school affiliation: _____



LCMC Health and its affiliated entities (“LCMC Health”) are committed to providing equal opportunities to Covered Individuals, including providing reasonable accommodations for those individuals’ sincerely held religious beliefs, where such accommodations do not present an undue hardship on the organization or an unreasonable safety risk to employees, students, residents or other learners, patients, or visitors to the LCMC Health facilities. As such, LCMC Health will consider exempting a Covered Individual from the COVID-19 vaccine requirement where such requirement conflicts with that individual’s sincerely held religious beliefs.

To be considered for such exemption, please sign the verification below and attach a separate signed and dated Individual Statement supporting your request for exemption due to sincerely held religious beliefs which prohibit immunization. This Individual Statement must include the following components:

- a. An explanation, in your own words, of why you are requesting this religious exemption.
- b. A description of the religious principles that guide your objection to receipt of the COVID-19 vaccine.
- c. A statement as to whether you are opposed to all immunizations and if not, the sincerely held religious basis that prohibits receipt of the COVID-19 vaccine in particular.
- d. The approximate timeframe during which you developed the sincerely held belief that prohibits receipt of the vaccine.

Depending on the individual circumstances, LCMC Health may contact you for additional data regarding the basis for and scope of your request. Such additional data may include, by way of example: information from third parties such as religious leaders or other participants; a letter from an authorized representative of the religious institution that you attend or literature from such institution which explains the doctrine/beliefs that prohibit immunization; other writings or sources upon which you rely in formulating sincerely held religious beliefs that prohibit immunization; and any additional document or information you are willing/able to provide that reflects a sincerely held religious objection to immunization. While you need not necessarily be a member of an organized religious or religious institution to obtain a religious accommodation, generally speaking mere philosophical, political, scientific, or sociological objections to immunization will not support an exemption or accommodation.

VERIFICATION

I understand that LCMC Health requires the COVID-19 vaccination as a condition of employment or to access its facilities to perform services or engage in educational activities. I hereby certify that I have a sincerely held religious belief that necessitates an exemption from this vaccination requirement. I further verify that the information I am submitting in support of my request for this accommodation is complete and accurate to the best of my knowledge and I understand that any misrepresentation contained in this form or other documentation which I submit may result in disciplinary action and/or removal from LCMC Health facilities.

I also understand that my request for accommodation may not be granted if it is not reasonable, if it poses a direct threat to the health and/or safety of others and/or to me, or if it creates an undue hardship on the organization.

Covered Individual’s Signature

Date



[ATTACH SIGNED AND DATED INDIVIDUAL STATEMENT]

For Internal Use Only:

Date Received: _____

Sent to Review Committee: _____

Review Committee Review Date: _____

Additional Information Requested on: _____

Received: _____

Denied

Approved

Communicated Response to Covered Individual On: _____

By: _____