



## Exemption from COVID-19 Vaccination for Religious Beliefs

**Sun Health** requires that I receive a COVID-19 vaccination to protect myself and others. *This form must be completed to request an exemption based upon religious beliefs.*

**This Religious Exemption form must be completed by team members and contract personnel and submitted to Sun Health Human Resources in person or emailed to [HRSupport@sunhealth.org](mailto:HRSupport@sunhealth.org).**

I request to be exempted from the COVID-19 vaccination due to my sincerely held religious beliefs. All statements below must be initialed by the team member to be considered for a religious exemption.

	I request exemption from the COVID-19 immunization requirement due to my sincere religious beliefs. I understand and assume the risks of non-vaccination. I accept full responsibility for my health, thus removing liability from Sun Health with respect to the required vaccinations.
	I understand that because I work in a health care or senior living environment, I may place residents and co-workers at risk if I work while infected with the COVID-19 virus or any of its variants.
	I understand that as I am not vaccinated, to protect my own health and the health of others, I will comply with assigned COVID-19 testing requirements and other preventive guidance.
	I understand that since I have been exempted from the COVID-19 vaccination that I will be required to wear a mask <u>upon entry</u> to all Sun Health locations and resident homes. My mask must be worn at all times during my scheduled shift, except while eating in a designated break room, until such mask restrictions are lifted. I understand that masking is required to support the infection prevention policies and practices at Sun Health.
	I understand that in the event of an outbreak or threatened outbreak, I may be temporarily excluded or reassigned from Sun Health’s locations and approved activities. I agree to comply with these restrictions and accept responsibility for communicating with my supervisor as appropriate to allow compliance with health and safety requirements for unvaccinated individuals.
	I understand and agree to comply with and abide by all Sun Health COVID-19 policies and procedures and have read the CDC COVID-19 vaccine information on the Sun Health portal.
	I understand that, if approved, this exception is only valid for the current year, and I may be required to resubmit a new request in the future.
	Should I contract COVID-19, I will immediately report it to Human Resources and comply with all isolation and quarantine requirements.
	I certify that the information I have provided in connection with this request is accurate and complete. I understand this exception may be revoked and I may be subject to the Sun Health’s disciplinary action if any of the information I provided in support of this exemption is false.

\_\_\_\_\_ Team Member

\_\_\_\_\_ Contracted Personnel

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Location and Department

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor’s Name (print)