

Request for **RELIGIOUS** Exemption
from the Influenza Vaccination
2020-2021

Teammate Name (Please Print)

Teammate ID

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Contact Telephone Number



I am requesting a religious exemption from receiving the seasonal influenza vaccine for this year. As described below, my strongly held religious beliefs prevent me from receiving the seasonal influenza vaccine.

Please provide a statement regarding your request for a religious exemption.

I attest:

I do hereby affirm that the above information reflects my strongly held religious beliefs and is true, accurate, and complete.

Teammate Signature

Date

*Please submit to Teammate Health via PeopleConnect>Tools>eForms> InfluenzaExemption/OtherDesignationForm
no later than November 16, 2020*