

Request for RELIGIOUS Exemption from the Influenza Vaccination
2018-2019

Teammate Name (Please Print)

- -

Teammate ID

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