

**Request for Religious Exemption from Influenza Vaccination
2022-2023 Flu Season**

Deadline for Submission: October 21, 2022

Influenza Vaccination Requirement

The University of Pennsylvania Health System (UPHS) requires influenza vaccination, similar to other required vaccinations such as MMR, varicella and COVID-19. Influenza vaccination is recommended for healthcare workers, and has been shown in study settings to be effective in protecting patients and staff. Influenza vaccination is also recommended in pregnancy by the Centers for Disease Control and Prevention (CDC) and the American College of Obstetricians and Gynecologists to protect pregnant woman who are at increased risk of severe disease and to protect the baby after it is born. The CDC also strongly endorses mandatory influenza immunization for all healthcare workers.

Important Information Regarding Religious Exemption Requests

While UPHS recognizes that individuals may have various personal beliefs and opinions regarding influenza vaccination, personal beliefs or opinions will not be sufficient to qualify for exemption from the influenza vaccination requirement. Rather, a religious exemption from the vaccination requirement will be approved only for a sincerely held belief precluding influenza vaccination that is religious in nature. ***Employees with religious beliefs related to the use of fetal cell lines in vaccine production, manufacturing and/or testing can be vaccinated against influenza. Speak to Occupational Medicine about any concerns before getting your shot.*** If an exemption is granted, efforts will be made to reasonably accommodate the employee while maintaining a safe work environment for patients, staff, and others. All individuals granted a religious exemption from the influenza vaccination requirement will be required to mask at all times and wear eye protection during all patient care. Additional accommodations may also be needed if necessary to maintain a safe work environment for patients, staff, and others. This might include but is not limited to other infection prevention and control measures or reassignment. While UPHS will seek to identify reasonable accommodations for anyone who is granted a religious exemption, it is possible that there may not be a reasonable accommodation that will allow every person with such an exemption to continue to work onsite while unvaccinated.

Completing this Form

To request a religious exemption from influenza vaccination, this form must be completed and returned. Failure to completely and accurately provide the information requested in a timely manner may result in a delay in a decision being made on the request or could result in the request being denied. If you require more space to respond to particular questions, you may attach additional pages, but please make clear which question(s) the additional pages correspond to.

Name:	Job Title:
Department:	Entity:
Manager Name:	Hire Date:
Email Address:	Tel No.:

Please answer all of the questions that follow on the next pages:

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NAME:

1. Please describe the religious belief that is preventing you from receiving the influenza vaccination.
(Note: This space is for you to describe your religious belief in your own words. While you are welcome to include religious text or passages in the space, if you do so please also include an explanation of how you interpret those passages and explain why they prevent you from receiving the influenza vaccination.)

2. Have you received any vaccines over the past five years? YES NO
If Yes, please answer the following questions regarding the vaccines received during this time period:
- a. Did you receive the flu vaccine for the 2021-2022 flu season? YES NO
b. Did you receive the flu vaccine between 2017 and 2021? YES NO

If Yes, list which years: _____

- c. Have you received any other vaccines over the past five years? (This includes but is not limited to COVID-19, Tdap (tetanus, diphtheria, and pertussis), MMR (measles, mumps, rubella) and Varicella (chickenpox))? YES NO
If Yes, which vaccines did you receive and when did you receive them?

3. Have you received a religious exemption for any vaccine requirements in the past five years? YES NO
If Yes, please provide additional details, including which vaccine(s) the exemption was for, when you were granted the exemption, the religious belief underlying the exemption request, and whether you were employed by UPHS at the time.

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4. Have you ever been approved for any other type of religious accommodation during your employment with UPHS? YES NO
If Yes, please describe the accommodation that was approved, when this occurred and whether the accommodation is still in effect.

5. Are there other aspects of your religious belief related to receiving medical care? YES NO
If Yes, please explain.

6. With respect to the religious belief that is preventing you from receiving influenza vaccination:
a. When did you first come to believe this? (MM/YY):
b. Has your religious belief that is preventing you from receiving influenza vaccination changed over time? YES NO
If Yes, please explain how it has changed, when it changed and why.

7. Does your religious belief that prevents you from receiving influenza vaccination derive from a recognized religion? YES NO
If Yes, please answer the following questions:

a. Please provide the name of the religion: _____

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- b. Please indicate when you first began to practice this religion: _____
- c. Do you belong to an organization or group affiliated with this religion (e.g., church, mosque, synagogue, or other group)? YES NO
If Yes, indicate when you first affiliated with this organization or group: _____

If Yes, please also provide the following information regarding the organization or group.

Name: _____

Address: _____

Phone Number: _____

Website: _____

If No, please answer the following questions:

- a. Is the religious belief that prevents you from receiving influenza vaccination part of a comprehensive belief system and not simply an isolated idea or teaching? YES NO
- b. Does your religious belief address fundamental questions regarding things such as life, death, the existence of a higher power, purpose or other imponderable matters? YES NO
- c. Are there any formal and external signs related to your religious belief, similar to the formal and external signs used by traditional religions – for example, formal services, ceremonies, teachers/leaders/clergy, structure and organization, observation of holidays, symbols or objects, clothing/religious garb, etc. YES NO

If you answered Yes to a, b, or c above, please explain.

8. **[OPTIONAL]** You are invited to submit additional documentation supporting your application for exemption from the influenza vaccination requirement based on a sincerely held religious belief. Additional documentation may include but is not limited to any of the following:
- a. Documentation from a leader within your religious organization (or organization equivalent to a religious organization) supporting your belief that your religion prevents you from receiving influenza vaccination.

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NAME:

- b. A personal statement that provides a more in depth description of your belief, its religious nature and why it prevents you from receiving influenza vaccination.
- c. A statement from someone who is familiar with your beliefs confirming how your religious belief prevents you from receiving influenza vaccination.

Any additional documentation that you submit will be considered in conjunction with your exemption request. By signing below, you certify that the information provided in this form is both complete and accurate.

By signing below, you certify that the information provided in this form is both complete and accurate.

Click here and follow instructions to sign electronically:

Signature:

Or print this document and sign on the line below:

Signature: _____

Date: _____

Printed Name: _____

Submit this form to your entity Human Resources Representative.