



## RELIGIOUS DECLINATION FOR COVID-19 VACCINATION

In accordance with all applicable federal and state laws, TriHealth prohibits discrimination on the basis of religion. TriHealth provides reasonable accommodations for sincerely held religious beliefs, practices or observances unless doing so would impose an undue hardship.

**INSTRUCTIONS:** By completing this form, you are requesting a Non-Medical Waiver for the COVID-19 vaccination. Complete all of Section A and Section B and EMAIL the completed form to [HRBP@trihealth.com](mailto:HRBP@trihealth.com).

### SECTION A:

Team Member	KAREN BRAUER	Date of Hire	12/2004
Team Member ID	[REDACTED]	Phone Number	[REDACTED]
Department	[REDACTED] PHARMACY	Manager	[REDACTED]

**DECLINE:** I do not want the COVID-19 vaccination given to me because of a **NON-MEDICAL** reason.

I understand that Trihealth will require the use of various types of face coverings and PPE during the time of endemic status COVID-19, for workers inside Trihealth facilities. Though data from various countries establishes that people can be infected with, and transmit SARS CoV-2 viral variants after having received Moderna, Pfizer, J&J or Astra Zeneca Jabs, and CDC director Rochelle Walensky has publicly announced that the Jabs do not stop viral transmission, Trihealth might opt to restrict weekly COVID testing to those who have not received the Jabs.

Team Member Signature: K L Brauer Date: 9/17/21

### SECTION B:

### Request for Non-Medical Accommodation for COVID-19 Vaccination

**REQUEST INFORMATION (to be completed by Team Member):**

- Describe your sincerely held religious belief, practice or observance for which you are requesting an accommodation and how it conflicts with your job requirements. MY "RELIGION" REQUIRES THAT I AVOID AND DISCOURAGE THE KILLING, SALE, OR ENSLAVEMENT OF MEMBERS OF THE HUMAN SPECIES REGARDLESS OF DEVELOPMENTAL STATUS.
- How long have you practiced this religious belief, practice or observance? OVERT PRACTICE BEGAN MORE THAN 45 YEARS AGO
- Describe the specific requested accommodations(s) and why it is needed. I WISH TO CONTINUE AVOIDING AND DISCOURAGING THE USE OF PRODUCTS WHICH ARE DESIGNED, TESTED, PROVEN OR PRODUCED USING BODIES, TISSUES OR CELLS DERIVED FROM PURPOSELY KILLED HUMANS, INCLUDING COVID JABS.
- Attach documentation to support your request. (Examples would be information from your religious leader, information relating to your religious belief, practice or observance and how it conflicts with your job requirements, etc.) SEE ATTACHMENT & WEB PAGE.

**TEAM MEMBER CERTIFICATION (to be completed by Team Member):**

My statements on this form and any attachments are made in good faith and are true, complete and correct to the best of my knowledge and belief. I am declining the COVID-19 vaccination based on my religious beliefs.

Team Member Signature: K L Brauer Date: 9/17/21

### TO BE COMPLETED BY BUSINESS PARTNER OPERATIONS:

#### SECTION C: BUSINESS PARTNER OPERATIONS REVIEW/ APPROVAL

Approved	Reason:	
Denied	Reason:	
HR Signature		Date