

COVID-19 Religious Exemption Request Form - rev 3-3-22

For use in California Only

Verified Professional Information—To be completed by self only (delegates may not sign for the VPro)

Verified Professional's Printed Name		Date	Month	Day	Yr
3-4 ID: <i>if applicable</i>					

INSTRUCTIONS: Carefully read information below regarding masking expectations of you when accessing HCA Healthcare sites. Your completion of this form and your signature is required wherever noted on this form. Incomplete forms, will be rejected. We appreciate your understanding and cooperation with this patient safety compliance initiative.

HCA Healthcare and HealthTrust Workforce Solutions Verified Professionals strongly recommends that all healthcare workers receive the COVID-19 vaccination series. However, if you have been granted an exemption, there are specific requirements that must be adhered to while in the clinical setting.

- Protect yourself and others by maintaining distance from others whenever possible.
- Approved Exemption HCW's **must wear** an approved respirator in any clinical areas when community transmission levels are high*.
 - Respirator: A respirator is a personal protective device that is worn on the face, covers at least the nose and mouth, and is used to reduce the wearer's risk of inhaling hazardous airborne particles (including dust particles and infectious agents), gases, or vapors. Respirators, including those intended for use in healthcare are certified by the CDC/NIOSH.
 - Guidance for non-fit-tested N-95 Respirators can be found using the link in Resources section of this email communication.
 - *Respirators are the highest form of respiratory protection in clinical care and are recommended by the CDC as a source-control measure for HCW's who are not vaccination from COVID-19.
- It is recommended that unvaccinated healthcare workers not care for immunocompromised patients.
- Unvaccinated and fully vaccinated healthcare workers should continue to universally mask with medical grade masks while at work for source control, maintain appropriate physical distancing while interacting with coworkers, and follow the recommended transmission-based precautions while caring for patients or residents.
- If you are feeling ill, please stay home. Do not report to work if you have any signs consistent with COVID-19 (measured or subjective fever) or symptoms (e.g., cough, shortness of breath, sore throat, muscle aches, headache, loss of taste or smell). If you develop fever or respiratory symptoms at work, isolate yourself immediately, leave work and report symptoms to your supervisor or occupational health services before departure.
- Refer to your facility policy for specific guidance.
- Local/State regulations supersede this guidance **if** more stringent.
- Even after receiving an exemption approval, you may decide to receive your vaccination. Please visit <http://www.vaccines.gov> to find a vaccination location near you.
- Should you receive your COVID-19 vaccination, you may upload the documentation at www.hwsverified.com.

Signature by Verified Professional		Date	Month	Day	Yr

- **Please note, as a part of the exemption quality process, a secondary review of your exemption request may occur, and you may be contacted for additional follow-up.**
- **If your request form is denied, you will be informed.**

Resources:

- OSHA - Protecting Workers: Guidance on Mitigating and Preventing the Spread of COVID-19 in the Workplace- <https://www.osha.gov/coronavirus/safework>
- CDC – COVID-19 - <https://www.cdc.gov/coronavirus/2019-ncov/index.html>
- CDC – Clinical Care Information for COVID-19 - <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-care.html>
- CDC – Infection Control <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

COVID-19 Religious Declination Request Form - rev 4-6-22

For use in California Only

Verified Professional's Information – To be completed by self

Verified Professional's Printed Name		Date	Month	Day	Yr
3-4 ID: <i>if applicable</i>					

Pursuant to an order from the California State Public Health Officer ("Order"), and subject only to limited exceptions set forth below, workers in Health Care Facilities must have their first dose of a one-dose regimen or their second dose of a two-dose regimen against COVID-19 by September 30, 2021.

Under the Order, vaccination is mandatory for continued eligibility to work unless a worker is exempted due to seeking a reasonable accommodation due to (1) Religious Beliefs or (2) Qualifying Medical Reasons. Any worker seeking an exemption from the vaccine mandate must complete and sign this form, and, where applicable, submit a signed Healthcare Provider Statement. Workers granted an exemption will be required to comply with the mandatory requirements for unvaccinated individuals as directed by the California Department of Public Health.

Workers are considered out of compliance with the vaccination program if they fail to complete, sign, and submit all applicable forms, and will not be permitted to work.

<u>Religious Exemption</u>	
If you wish to claim a religious exemption from mandatory vaccination, please sign the attestation below. <i>I have the following sincerely held religious belief, practice, or observance that prevents me from taking any of the COVID-19 vaccines authorized by the FDA:</i>	
<u>Verified Professional's Signature (above)</u>	<u>Date (above)</u>
<u>Verified Professional's Printed Name (above)</u>	3-4 ID if applicable