**FORM A**

**COVID-19 Vaccine Declination Form – Religious Belief**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (“\_\_\_\_\_”), in compliance with California Department of Public Health State Public Officer Order, requires that its workers be fully vaccinated against COVID-19. To decline the required COVID-19 vaccination due to a religious belief please complete the form in its entirety and return it to [CONTACT].

|  |  |
| --- | --- |
| Name (print): | Date: |
| Dept.:  | Position: |
| Manager: | Phone: |

**By signing below and submitting this form, I am declining the COVID-19 vaccination on the basis of my religious belief(s).**

I verify that the information I am submitting to substantiate my request for exemption from \_\_\_\_\_’s mandatory vaccination policy is true and accurate to the best of my knowledge. I understand that any false or misleading information provided in support of this exemption request can lead to disciplinary action, up to and including termination.

I further understand that if this exemption is granted, that I will comply with all mandatory non-pharmaceutical interventions (including but not limited to face coverings and regular asymptomatic testing) that apply or may in the future apply to non-fully vaccinated workers. I understand that these mandatory interventions are required of me by State Public Health Officer Order and other applicable public health and safety requirements.  I understand that should I fail to comply with any applicable restrictions, that I may be barred from the premises, or subject to discipline, up to and including immediate termination.

By signing below, I attest under penalty of perjury that the information provided within this form and any associated attachments is true and correct.

|  |  |
| --- | --- |
| Employee Signature: | Date: |

**INTERNAL USE ONLY**

Approved \_\_\_/\_\_\_/\_\_\_\_. This approval is valid until \_\_\_/\_\_\_/\_\_\_ or [indefinitely].

 Denied \_\_\_/\_\_\_/\_\_\_\_.