

## Religious exemption

To request an exemption from required vaccinations, please complete section 1 below and have your religious director complete section 2 before returning this form.

Section 1		
Employee name:	Date:	
I am requesting a Religious exemption from COVID-19 vaccination.	m Managed Senior Care. LLC 's vaccination policy fo	or the
Senior Care. LLC's vaccination policy is true	g to substantiate my request for exemption from Mar le and accurate to the best of my knowledge. I unde disciplinary action, up to and including termination.	
	Care. LLC is not required to provide this exemption direct threat to myself or others in the workplace or enior Care. LLC.	would
Employee signature:	Date:	
Section 2 Religious Certification for Vaccination Exer	mption	
Employee Name:		
Dear Religious Director,		
·	nation against COVID-19 as a condition of employm exemption to this policy due to religious contraindic	
Please complete this form to assist Manage process.	ed Senior Care. LLC in the reasonable accommoda	tion
The person named above should not rece	eive the Covid-19 vaccine due to:	

Religious Exemption | 2 of 2 cda.org

This ava	mation should be:		$\neg$	
This exemption should be:  Temporary, expiring on:/, or when Permanent				
	ne above information to be true and accurate, and ion for the above-named individual.	d request exemption from t	he COVID-19	
Religiou	s Director Name (print):			
Religiou	s Director Signature:	Date:		
Denomi	nation/ Religious Order Name:	Director Phone:		
Date of in  Accomm  Accomm  De	r USE ONLY  nitial request:/_/ Date certification re  nodation request:  oproved/_/  escribe specific accommodation details:  enied/_/  escribe why accommodation is denied:			