

RELIGIOUS DECLINATION FOR FLU VACCINATION

In accordance with all applicable federal and state laws, TriHealth prohibits discrimination based on religion. TriHealth provides reasonable accommodations for sincerely held religious beliefs, practices or observances unless doing so would impose an undue hardship. By completing this form, you are requesting an exemption for this year’s seasonal influenza vaccination for a religious reason.

INSTRUCTIONS: Complete and sign sections A and B in full. Send completed form and supporting documentation to HRBP@TriHealth.com or fax to (513) 852-3908. All declinations are due by 10/27/2023.

SECTION A:

Team Member		Date of Hire	
Team Member ID		Phone Number	
Position		Cost Center	
Department		Manager	

DECLINE: I do not want the flu vaccination given to me because of a sincerely held religious reason.

I realize that my refusal may put patients, visitors, and family at risk. By declining the influenza vaccine, I understand I am at risk of acquiring influenza. To reduce the risk of exposure to patients and TriHealth team members, I understand I must wear a surgical mask and practice hand hygiene while I am working in patient care areas. If I should develop signs/symptoms of influenza (fever greater than 100.4° with cough, chills, body aches, sore throat, runny nose), I must report the illness immediately to my supervisor and to TriHealth Employee Health.

Team Member Signature: _____ **Date:** _____

SECTION B:

Request for Religious Accommodation for Influenza 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.
- How long have you practiced this religious belief, practice or observance?
- 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.).

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 influenza vaccination based on my sincerely held religious beliefs.

Team Member Signature: _____ **Date:** _____

TO BE COMPLETED BY Flu Exemption Committee:

SECTION C: REVIEW/ APPROVAL

<i>Approved</i>	<i>Reason:</i>
<i>Denied</i>	<i>Reason:</i>

You will receive a response to your TriHealth email of your request’s status.