



Vaccination Exemption Application – COVID-19 Religious

Team Member Name: _____ Date of Birth: _____

Email Address: _____ Phone Number: _____

Team Member Status: Provider Inova-employed Team Member New Hire
 Vendor Volunteer Contractor Student

For Employed Team Members:

Employee/Provider ID: _____ Manager’s Name: _____ Department: _____

For Non-Inova-Employed Team Members: School/Company/Affiliation: _____

An Inova Team Member may request an exemption from Inova’s vaccination requirements due to religious reasons. To be eligible for such an exemption, your application must be based on a sincerely held religious belief and will require you to provide supporting documentation that will be reviewed and either approved or declined by committee. Exemption applications may be declined even if you are otherwise eligible if accommodating your request would pose an undue hardship to Inova operations.

Instructions: You must answer all the following questions on a separate attachment and submit them with your form for consideration. Inova may ask for other information as needed to determine whether an exemption will be granted.

1. Describe the nature of your objection to the vaccination requirement.
2. How would complying with the vaccination requirement substantially burden your religious exercise?
3. How long have you held the religious belief underlying your objection?
4. Describe whether, as an adult, you have received any vaccines against any other diseases (such as influenza, Measles, Mumps and Rubella (MMR), and Tdap (pertussis)).
5. If you do not have religious objection to the use of all vaccines, explain why your objection is limited to the COVID-19 vaccine.
6. Describe if there are any other medicines or products that you do not use because of the religious belief underlying your objection.

Provide any additional information (including, if applicable, a letter from your clergy/religious leader on his/her professional letterhead affirming religious belief in vaccine exemption) that you think may be helpful in reviewing your application.

Team Member Attestation:

I understand that by not being up to date with COVID-19 vaccination, I may have an increased risk of contracting either the virus or its related complications. Accordingly, if I contract the virus, I understand that there could be life-threatening consequences to my own health and the health of those with whom I have contact, including any patients, team members, or my family and community.

I attest that the above information is complete and accurate to the best of my knowledge. I understand that any deliberate misrepresentation contained in this application could result in disciplinary action, including suspension or termination from duties at Inova. I also understand that my application for an exemption may not be granted if it creates undue hardship for Inova. I am aware that as Immunization policy requirements are updated, medical exemptions and associated criteria may be reassessed and updated accordingly.

Team Member (signature): _____ Date: _____ Time: _____

Submit completed Vaccination Exemption Application and or scan and email all documentation to: exemptionrequests@inova.org