

## Influenza Vaccination Religious Accommodation Request Form

This form must be completed to request an accommodation from the mandatory influenza vaccination due to a **religious reason**. All forms will be kept confidential by Human Resources Department and the LiveWell Employee/Occupational Health Center.

**Please fax completed forms by October 2, 2020  
to LiveWell Employee Health at 215-456-1840.**

(Please Print)

Name: \_\_\_\_\_ Employee # \_\_\_\_\_

Department: \_\_\_\_\_ Position: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Email: \_\_\_\_\_  
(Print Clearly) (Print Clearly)

### Section I: Completed by Employee:

1. I am requesting a religious accommodation from the influenza (flu) vaccine requirement due to the following reason(s):

\_\_\_\_\_  
\_\_\_\_\_

2. Have you received any vaccinations within the past 5 years?  Yes  No

If yes, please list: \_\_\_\_\_

3. Please explain your religious belief(s) and why you believe receiving the influenza (flu) vaccine is not consistent with this belief:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. How long have you practiced this religious belief? \_\_\_\_\_

My signature below verifies that the information provided is accurate and true. I am also authorizing Einstein to review my past practices related to any employment vaccinations. I realize that completing this form does not automatically exempt me from receiving the vaccine and that I will be contacted with a decision.

\_\_\_\_\_  
Employee Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

**Influenza Vaccination Religious Accommodation Request Form Verification Section**

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Employee Name: \_\_\_\_\_ Employee # \_\_\_\_\_  
(Print Clearly)

Name of individual completing form: \_\_\_\_\_ (PLEASE PRINT NAME)

**Section II: Must be completed by clergy member or family member familiar with employee's religious belief system.**

1. What is your relationship to the individual listed above? \_\_\_\_\_

2. How long have you known the individual listed above? \_\_\_\_\_

3. Please briefly explain your understanding of the individual listed above religious belief(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Please explain your understanding of why receiving the influenza (flu) vaccine is against the individual listed above belief(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My signature below verifies that the information provided above is accurate and true.

\_\_\_\_\_  
Clergy or Family Member Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date