



**FORM TO BE COMPLETED BY REQUESTING COVERED INDIVIDUAL**

**Covered Individual's Full Legal Name:** \_\_\_\_\_

**Please select one (and complete adjacent fields):**

- ☐ **Employee**, provide ¾ ID \_\_\_\_\_ Position: \_\_\_\_\_
- ☐ **Contingent Worker**, provide Employer's Legal Name: \_\_\_\_\_
- ☐ **Student**, provide School Name: \_\_\_\_\_
- ☐ **Other**, please explain relation to OUH: \_\_\_\_\_

**Religious Waiver:** I \_\_\_\_\_ (Covered Individual Name), under my sincerely held religious beliefs, decline to receive the COVID-19 vaccination. I understand the company reserves the right to ask for additional information/documentation when necessary and appropriate to evaluate my request. I also understand that if this waiver is approved, I may be subject to additional personal protective equipment (PPE), additional testing, and/or completion of educational requirements.

**Instructions:** Complete each Section for the request to be considered. By completing this form, you certify to the accuracy of the request and that it is not made for any reason other than your sincerely held religious observance, practice, principle, or belief (hereinafter and above, "religious beliefs").

**Section 1** – Please identify the OU Health requirement, policy, or practice that conflicts with your religious beliefs.

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**Section 2** – Please describe your sincerely held religious beliefs that conflict with the OU Health requirement, policy, or practice identified in Section 1. (Please include a description of the religious beliefs that led to your request for this specific vaccination waiver/exemption.)

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**Section 3** – Mark each COVID-19 vaccines below that applies to your request. As to each marked, identify your sincerely held religious belief upon which you base the request to seek a waiver from the COVID-19 vaccination requirement.

- ☐ **Moderna.** If checked, describe your sincerely held religious beliefs that conflicts with this vaccine:

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## Mandatory COVID-19 Vaccination Form: Religious Waiver Request Form

- ☐ Pfizer. If checked, describe your sincerely held religious beliefs that conflicts with this vaccine:

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- ☐ Janssen/Johnson&Johnson (J&J). If checked, describe your sincerely held religious beliefs that conflicts with this vaccine:

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**Section 4** – What is the accommodation or modification that you are requesting? (Please detail whether waiver of the specific vaccination requirement or other.)

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**Section 5** – List any alternative accommodations that also would eliminate the conflict between the OU Health requirement, policy, or practice and your sincerely held religious beliefs.

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**Religious/Spiritual Leader's Name:** \_\_\_\_\_

**Religious/Spiritual Leader's Title:** \_\_\_\_\_

**Religious/Spiritual Leader's Business Address:** \_\_\_\_\_

**Religious/Spiritual Leader's Business Telephone No.:** \_\_\_\_\_

**Religious/Spiritual Leader's Business Email:** \_\_\_\_\_

I understand that the Company requires all employees to be vaccinated against COVID-19, unless granted an exemption. A religious exemption will ONLY be granted if a COVID-19 vaccination violates the tenets of an employee's personal sincerely held religious belief and if the exemption will not cause an undue hardship for the Company. Religious exemptions will not be granted for moral or political objections.

By submitting this request and signing below, I acknowledge that I have read and fully understand the information contained in this form and the associated program materials. I certify that the COVID-19 vaccination violates the tenets of my religious beliefs, and that my sincerely held religious beliefs are the motivation for my request. I understand that my request for an exemption may not be granted if it creates an undue hardship on my employer.

By my signature below, I attest to the accuracy of this above information and any information I submit through this process, including any waiver request and understand that any false or incomplete information will result in disciplinary action, up to and including termination of employment for falsification of records.

\_\_\_\_\_  
**Covered Individual Signature**

\_\_\_\_\_  
**Date Signed**