

Request for Religious Exemption

Carolina Family Health Centers, Inc. (CFHC, Inc.) maintains a process by which an employee may request a religious exemption from the COVID-19 vaccination requirements. Certain religious beliefs, observances, or practices may provide grounds for exemption. CFHC, Inc. is required to provide reasonable accommodations for approved exemptions unless providing an accommodation would pose an undue hardship on the operation of CFHC, Inc.'s business.

Employees who have sincerely held religious beliefs, observances, or practices which conflict with CFHC, Inc.'s COVID-19 vaccination requirement may submit a request for religious exemption. Objections to COVID-19 vaccinations that are based on non-religious reasons, including personal preferences or political reasons, do not qualify for a religious exemption. To be considered for a religious exemption, employees must submit this completed form to the Human Resources Department. Religious exemptions submitted to the Human Resources Department that are not on the required form will not be considered. CFHC, Inc. may also ask for clarifying information, as needed.

CFHC, Inc. will consider several factors in assessing whether a request for a religious exemption is based on a sincerely held religious belief, including whether the employee has acted in a manner inconsistent with their professed belief. It is recognized that an individual's beliefs, or degree of adherence, may change over time and, therefore, an employee's newly adopted or inconsistently observed practices may nevertheless be based on a sincerely held religious belief. All requests for a religious exemption will be evaluated on a case-by-case basis.

Employees with pending or approved exemption requests are subject to additional precautions as they are not deemed fully vaccinated for COVID-19. The Human Resources Department will notify employees regarding the additional precautions.

Signing this form constitutes a declaration that the information you provide is true and correct to the best of your knowledge and ability. Any intentional misrepresentation may result in disciplinary action, up to and including termination of employment or contract.

To request a religious exemption from the COVID-19 vaccination requirement using this form:

1. You must complete Part 1 of this form.
2. If there is a religious leader or member willing to attest to the premise for your request for a religious exemption, have them complete Part 2 (*this is not a required section of the form*).
3. When the form is completed, submit the form to the CFHC, Inc. Human Resources Department.

Part 1 – To be completed by the Employee		
Employee name:		Date of request:
Location:		Department:
Position:	Supervisor:	Phone number:

Religious exemption request: (attach additional pages, if necessary)

Please describe the nature of your objection to the COVID-19 vaccination requirement:

Would complying with the COVID-19 vaccination requirement substantially burden your religious exercise or conflict with your sincerely held religious beliefs, practices, or observances?

☐ Yes

☐ No

☐ Unsure

- If yes, please explain how:

If yes, please explain how.

How long you have held the religious belief underlying your objection:

Is your religious objection to the use of all vaccines, COVID-19 vaccines, a specific type of COVID-19 vaccine, or some other subset of vaccines:

Have you received vaccines as an adult against any other diseases (such as a flu vaccine or a tetanus vaccine):

Please read and initial next to each of the statements below:

- I have read and understand CFHC, Inc.'s Employee Health Standard policy requiring COVID-19 vaccination as a condition of employment or contract.
- I understand and assume the risks of not receiving the COVID-19 vaccination.
- I understand that I must comply with the additional precautions as outlined by the Human Resources Department while my request is pending.
- I certify that the information I have provided in connection with this request is accurate and complete as of the date of this submission. I understand this exemption may be revoked and I may be subject to termination if any of the information I provided in support of this exemption is false.

Employee signature:

Date:

Part 2 – Religious leader or member attestation: *(this is not a required section)*

Employee name:

Dear Religious leader or member:

Carolina Family Health Centers, Inc. (CFHC, Inc.) requires its employees to be fully vaccinated against COVID-19 pursuant to the Centers for Medicare and Medicaid Services' Omnibus COVID-19 Health Care Staff Vaccination requirements (42 CFR 491.8). The individual named above is seeking a religious exemption to the COVID-19 vaccination requirement due to a conflict with the employee's sincerely held religious beliefs, observances, or practices. You have been identified by the employee as an individual who is willing to attest to the premise for the employee's request for a religious exemption. Please complete the information below to the best of your ability; additional pages can be attached if needed. If you have questions about completing this form, please contact CFHC, Inc.'s Human Resources Department at 252-293-0013.

How long have you known the employee named above:

What is your relationship to the employee named above:

Please provide information which attests to the premise for the employee's request for religious exemption:

Religious Leader or member name:

I declare that the information I have provided is true and correct to the best of my knowledge and ability.

Religious Leader or member signature:

Date: