



FMC INFLUENZA VACCINATION RELIGIOUS EXEMPTION REQUEST FORM

Return completed form to Human Resources

FMC promotes workforce diversity and an inclusive workplace for all employees as part of their equal employment opportunity commitments. If your religious beliefs or practices conflict with the flu vaccination requirement, please provide the following information.

Did FMC grant you a religious exemption from the mandatory influenza requirement in a previous flu season? Yes No

If yes, please answer the following and fill out the "Basic Information" section below:

Basis of Exception Granted Previously (Use space on page 3 & use additional sheet(s) if necessary):

Basic Information

Name: _____ Date of Request: _____
Department: _____ Position Title: _____
Immediate Supervisor: _____ Supervisor's Phone Number _____

Preferred Contact Information

Phone Number: () _____ Email Address: _____

Mailing Address: _____

_____, _____
City State Zip Code

Do you have direct patient care? Yes No

Please explain why you are seeking an exception (Use space on page 3 & use additional sheet(s) if necessary):

Are you attaching any supporting documentation to this request? Yes No

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Verification and Accuracy

I verify that the above information is complete and accurate to the best of my knowledge, and I understand that any intentional misrepresentation contained in this request may result in disciplinary action, including employment termination. I also understand that my request for an exemption may not be granted.

Signature: _____ Date: _____

Print Name: _____

Summary of Next Steps

1. This request will be reviewed with you and acknowledged by Human Resources.
2. You will be notified of the decision regarding your requested exception.
3. If you are granted a religious exception, you may be required to wear a surgical mask during the influenza season when working directly with patients, working in patient areas, or coming within 6 feet of patients. In certain areas, where patients are exceptionally vulnerable, FMC may not be able to reasonably accommodate unvaccinated employees and you may be reassigned temporarily.
4. FMC will only reconsider a denial, if you bring forth new information supporting your request. For reconsideration of a denial, please contact Human Resources 740-687-8633 or you may follow the process as outlined in The Fair Treatment Policy, AHR-18-016 in the Document Center.

FOR EMPLOYER’S USE ONLY

Date Received _____ Initials of Recipient _____

Documentation Attached? .. Yes No

SPACE FOR SUPPLEMENTAL INFORMATION

Employee Name _____

Empty rectangular box for additional information or notes.

FOR EMPLOYER'S USE ONLY _____
TO BE COMPLETED BY EMPLOYEE HEALTH SERVICES, IF NEEDED:

Received Flu Vaccine Previously? Yes No

If yes, identify when: _____

Received Other Vaccinations or Injections Previously? Yes No

If yes, please identify type and date: _____

FOR EMPLOYER'S USE ONLY _____
TO BE COMPLETED BY Review Panel

Exception Granted? Yes No

If no, explain why:

