

Request for Religious Exemption from Influenza Vaccination

Safety is a core value of Connecticut Children's Medical Center and its affiliates. To protect the safety of our patients, coworkers, and community, we require all employed and non-employed staff members to receive certain vaccinations. If you have a sincerely held religious or spiritual belief that prevents you from receiving the influenza immunization, you must submit a request for religious exemption from mandatory influenza vaccination.

The Legal Department at Connecticut Children's will evaluate the request and determine whether an exemption can be granted. Please note that Connecticut Children's reserves the right to ask for additional information or documentation to verify that your religious beliefs preclude you from receiving influenza vaccine. If your request is approved, you will be exempted from receiving influenza vaccination. As a result, you may be asked to take alternative infection control measures. If your request is not approved, you will be expected to receive influenza immunization as a condition of your employment.

Team Member Completes this Section (please print clearly)			
First Name			
Last Name			
Street Address			
City/State/Zip Code			
Date of Birth			
Telephone Contact			
Employee ID Number			
Department and Title			
Email Address			
Does Your Role Include D	Direct Patient Contact? (ch	eck one) YES	NO NO
Please describe the religious belief that prevents you from receiving influenza vaccine (use additional paper if necessary)			
Team Member Signature Date Please make a copy of this completed form and any supporting documents for your own records.			
Legal Department Completes th	his section:	□ Denied	
If denied, state reason:			
Name of Legal Department Representative (please print)			
Signature of Legal Department Representative			
Date			