

COVID-19 Vaccine Religious Exemption Request Form

Instructions: Please refer to the [Instructions for filling out the COVID-19 Religious Exemption Request Form](#). If you are requesting an exemption from the COVID-19 vaccination requirement for religious reasons you must fill out this form and **submit it to your employer or other responsible person**.

DO NOT SEND THIS FORM TO THE OREGON HEALTH AUTHORITY.

I am requesting an exemption from the COVID-19 vaccination on the basis of a sincerely held religious belief.

Individual's name:	Date of birth:
Phone number:	
Employer/Organization:	Job Title/Position:

Please check the boxes below as appropriate and complete related questions:

- Receiving the COVID-19 vaccination conflicts with my religious observances, practices or beliefs as described below.

Please describe your religious belief and how it affects your ability to receive a COVID-19 vaccination:

I certify the above information to be true and accurate and that I sincerely hold the religious beliefs described above.

Signature:	Date:
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Please note that if your exemption request is approved, you will be treated as a fully capable and contributing member of our employment team. Workplaces are required to provide this exemption accommodation even if doing so would pose a direct threat to the exempted individual or others in the workplace or would create an undue hardship.

Document accessibility: For individuals with disabilities or individuals who speak a language other than English, OHA can provide information in alternate formats such as translations, large print, or braille. Contact the Health Information Center at 1-971-673- 2411, 711 TTY or COVID19.LanguageAccess@dhsosha.state.or.us.