

Request for Religious Exemption from COVID-19 Vaccine Form

Name: \_\_\_\_\_

Department: \_\_\_\_\_

An emergency regulation was issued pursuant to the authority vested in the New York State Public Health and Health Planning Council and the New York State Commissioner of Health by Public Health Law Sections 225, 2800, 2803, 3612, and 4010, as well as Social Services Law Sections 461 and 461-e, Title 10 (Health) of the Official Compilation of Codes, Rules and Regulations of the State of New York which mandates employees in nursing homes to be vaccinated with a COVID-19 vaccine prior to September 27, 2021, and mandates employees in the local health departments to obtain a COVID-19 vaccine prior to October 7, 2021.

A religious exemption **may** be granted if (i) the individual holds a sincere religious belief contrary to the immunization of the COVID-19 vaccine, (ii) completes this form, and (iii) provides the required documentation to support the exemption request.

To qualify for a religious exemption, religious beliefs are to be “sincerely held” by the individual claiming such exemption and are subjective in nature. Meaning an individual’s sincerity in holding a religious observance or practice is a matter of individual credibility.

The County is committed to providing a safe, inclusive, and supportive experience for all and recognizes sincere observance of faith as it pertains to the practice of immunization. Individuals with an approved exemption will be required to comply with COVID-19 testing and other preventive requirements.

**PLEASE BE ADVISED that on August 26, 2021, the NYS Department of Health promulgated a regulation that mandates COVID-19 vaccination of personnel employed at nursing homes and health departments, requiring employees to receive the first dose of a COVID-19 vaccine by September 27, 2021, and October 7, 2021, respectively. That regulation made no provision for exemptions for employees whose sincere religious beliefs compel them to refuse the COVID-19 vaccines that currently are available.**

**On September 14, 2021, United States District Judge David N. Hurd granted an Order temporarily restraining New York State DOH from enforcing any requirement that employers deny religious exemptions from COVID-19 vaccination. Judge Hurd’s Order may be the subject of legal challenges and could be vacated at any time, but while it remains in effect the County will process requests from employees for a religious exemption from COVID-19 vaccination based on sincerely held religious beliefs that compel the employee to refuse the COVID-19 vaccines that currently are available. Accommodations for religious exemptions will be determined based on individual circumstances, and may include enhanced masking, testing, or other requirements consistent with protection of our residents, staff, and public health.**

**Please take note that in the event of a judicial determination that the religious exemption is disallowed, the County will be forced to reevaluate this exemption.**

Religious exemption process:

- Read the Center for Disease Control and Prevention (CDC) and Occupational Safety and Health Administration (OSHA) COVID-19 Vaccine Information;
- Complete and sign the following page of this form;
- Complete the Personal Statement Form; and
- Submit the completed documents.

Incomplete submissions will not be reviewed. Be sure all forms and documentation are submitted at one time.

Initial next to each of the statements below:

\_\_\_\_\_ I request exemption from the COVID-19 vaccination requirement due to my sincere religious beliefs.

\_\_\_\_\_ I understand and assume the risks of non-vaccination.

\_\_\_\_\_ I accept full responsibility for my health, thus removing liability from Cattaraugus County since I will not be vaccinated.

\_\_\_\_\_ I understand that as I am not vaccinated, in order to protect my own health, the health of my patients and their families and the health of the community, I will comply with assigned COVID-19 testing requirements and other preventive guidance.

\_\_\_\_\_ I understand that should I develop symptoms of, have an exposure to, or contract COVID-19, I am required to immediately report it to my Supervisor and comply with all isolation and quarantine procedures specified by the Cattaraugus County Health Department.

\_\_\_\_\_ I acknowledge that I have read the CDC and OSHA COVID-19 Vaccine Information.

\_\_\_\_\_ I understand that, if approved, this exemption is provisional, and is subject to change.

I certify that the information I have provided in connection with this request is accurate and complete as of the date of submission. I understand this exemption may be revoked and I may be subject to disciplinary action if any of the information I provided in support of this exemption is false.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

