**Exemption Request for Influenza Vaccination 2022-2023 – Religious Belief Accommodation**

Neighborhood Outreach Access to Health (NOAH) has required that Employees receive the influenza vaccination. An updated exemption request must be completed annually.

This religious beliefs exemption request form must be completed by 10/1/2022 and returned to [NOAHHR@honorhealth.com](mailto:NOAHHR@honorhealth.com)

I request an influenza vaccination exemption due to my **sincerely held religious belief, practice, or observance**.  I understand I may be at increased risk of contracting Influenza. I understand that if granted I will be required to wear a mask upon entry to any NOAH facility, including non-clinical facilities, and the Dreamy Draw Corporate office, subject to periodic testing consistent with Federal, State and CDC Infection Prevention guidance, additional PPE, and other measures as Influenza and business circumstance warrant.

Please describe your sincerely held religious belief, practice, or observance

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**Please Check One:**

Employee **-**  \_\_\_\_\_\_\_\_\_\_\_ Dept. Name & Location : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone#\_\_\_\_\_**-**\_\_\_\_\_\_**-**\_\_\_\_\_\_ DOB\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ Supervisors Name Printed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Clinic (Please Check One):**

Desert Mission ChollaMidtownVenado CopperwoodPalominoDreamy Draw Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**SIGN First and Last Name** **PRINT First Name** **MI**  **PRINT Last Name**

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