



I am submitting an exemption request at this time because I am:

- A New Hire
- Returning to Work after Leave
- Other:

**Religious Exemption from COVID-19 Vaccination**

I am a **UnityPoint Health/Affiliate Employee** and request an exemption from UnityPoint Health's COVID-19 vaccination requirement because receiving the COVID-19 vaccination conflicts with my genuine and sincere religious observations, practices or beliefs.

I am an **Independent Provider/ Medical Staff Member** and request an exemption from UnityPoint Health's COVID-19 vaccination requirement because receiving the COVID-19 vaccination conflicts with my genuine and sincere religious observations, practices or beliefs.

I am a **Volunteer or Student** and request an exemption from UnityPoint Health's COVID-19 vaccination requirement because receiving the COVID-19 vaccination conflicts with my genuine and sincere religious observations, practices or beliefs.

If student, school name: \_\_\_\_\_

I am a **Contractor/ Vendor** and request an exemption from UnityPoint Health's COVID-19 vaccination requirement because receiving the COVID-19 vaccination conflicts with my genuine and sincere religious observations, practices or beliefs.

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

I understand that I may be required to take additional steps to protect myself and others from contracting and spreading COVID-19. *If I am a contractor/vendor, volunteer, student, or independent provider/medical staff member and provide services for UnityPoint Health locations in Illinois, I attest that I have reviewed informational material available at <https://www.unitypoint.org/il-covid-exemption.aspx>.*

By signing this form, I attest that that the information provided is true and correct.

Name (please print): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Employee ID (if employed by UPH): \_\_\_\_\_

UPH Region: \_\_\_\_\_ UPH Affiliate: \_\_\_\_\_

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

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

**Instructions for Independent Provider/Medical Staff Members, Volunteers, Student, Contractors, Vendors;** Please provide this completed form to the appropriate UPH staff member prior to beginning any onsite duties.