

COVID-19 VACCINE REQUIREMENTS FOR HEALTHCARE WORKERS

Declination Form and Religious Exception Request

COMPANY NAME:		
LAST NAME:	FIRST NAME:	MIDDLE INITIAL:
AHS FACILITY LOCATION:		
JOB TITLE/ROLE:		

Based on my sincerely held religious belief, practice, or observance, I am requesting an Exemption to the COVID-19 vaccination requirement mandated by the California Department of Health.

Please identify your sincerely held religious belief, practice, or observance that is the basis for your request for an Exemption as a religious accommodation.

Please briefly explain how your sincerely held religious belief, practice, or observance conflicts with the COVID-19 vaccination requirement.

*** FORM CONTINUES ON NEXT PAGE ***

*** FORM CONTINUED FROM PREVIOUS PAGE ***

Please provide any additional information that you think may be helpful in processing your religious accommodation request.

I understand that to comply with the California Department of Health COVID-19 vaccination Order, I must at all times and at my sole cost and expense:

- ☒ Get a Covid-19 PCR or antigen test with FDA authorization for Emergency Use or a test administered per the Laboratory Developed Test requirements by the U.S. Centers for Medicare and Medicaid Services 2x per week for those at acute health care and long-term care settings or 1x per week for other health care settings, and
- ☒ Submit the foregoing testing results to AHS within 48 hours of when the test was administered, and
- ☒ Wear a surgical mask or higher-level respirator, such as an N95, at all times while onsite at AHS facilities.

I understand that if I fail to comply with this California Department of Health mandate, then I will not be permitted to be physically present at any AHS facility and may experience consequences as a result of non-compliance, up to and including actionable breach of contract and/or grounds for termination of my contract with cause.

I, the undersigned, verify the truth and accuracy of the statements in this request form.

Date: _____

Signature: X

Print Name: _____