



**CROWN CONSULTING, INC. - COVID-19 VACCINATION
RELIGIOUS EXEMPTION REQUEST FORM**

Name (print):	Date:
Crown Division:	Position:
Manager:	Cell Phone:

- Please complete and return this request form at your earliest convenience (and attach additional pages, as necessary).
- Please also attach a letter or email from:
 - (A) a pastor, priest, minister, rabbi, imam, lama, or other leader for the religion that you practice, or (B) a separate individual (e.g., a close family member, significant other or friend), who is directly and personally aware of your religious practice or belief
 - who can personally attest in the letter / email (i) that your religious beliefs are sincerely held, and (ii) why such beliefs do not permit you to receive the COVID-19 vaccine.

Once we receive an exemption request, we will evaluate it based on the parameters outlined, the nature of your role and related duties, your work environment (including the scope of your coworker, customer, public and other interactions), physical and location needs related to the essential functions of your role, current CDC and OSHA guidance, and other factors. Please further know that in light of the current COVID-19 crisis and related health precautions that we must consider for the safety of all, we will also need to evaluate whether an accommodation requested (i.e., potential work without a COVID-19 vaccination) poses an undue hardship on the Company and/or a significant risk of substantial harm to the health or safety of you or others (e.g., the customers that we serve, your coworkers, etc.) that cannot be eliminated or reduced by reasonable accommodation, as applicable.

Thus, even if the underlying reasons for a given vaccination exemption request potentially qualifies for an accommodation, please know that the request may be denied in certain circumstances.

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1. I am requesting a religious exemption from the Company's COVID-19 vaccination requirement. **I understand that this particular exemption is allowed solely for sincerely held religious beliefs and not for political, social, scientific or other personal views.**

I verify that the information I am submitting to substantiate my request is true. I further understand that, as with other work-related submissions and representations that I make to the Company, any false or misleading information that I submit or provide (in writing, verbally or otherwise) may lead to disciplinary action, up to and including discharge.

_____ Initial



2. Describe *in detail* and *in your own words* the specific sincerely held religious belief(s) or practice(s) you observe that potentially impact your ability to receive an FDA-authorized COVID-19 vaccination for the role noted above.

Please note: Religion typically concerns ultimate ideas about life, purpose and death formulated in a comprehensive system of beliefs about fundamental or ultimate matters. Secular, social, political, scientific, safety or economic philosophies or issues, as well as mere personal preferences, are generally not “religious” beliefs for purposes of any religious work accommodation analysis.



3. Describe how and why such religious belief(s) or practice(s) specifically restrict your ability to receive a COVID-19 vaccination in particular. When answering, please reference any (a) COVID-19 vaccine manufacturer and/or CDC guidance, and/or (b) denominational, theological, doctrinal or other religious guidance, that may apply (*only if and as applicable*).



4. Please advise whether the text for the statements that you included in the above request was taken in whole or in part from or referenced by you from a website or other secondary source – and if so, exactly which. Please also provide the specific resource(s) or website link(s).

5. Please describe whether there are any other potential, alternate accommodations that you believe are available that could (a) allow you to receive a COVID-19 vaccination, and (b) address the related religious concerns at issue.

Employee Signature:	Date:
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Summary of Next Steps:

1. This request will be reviewed by HR and the Crown Executive team.
2. You will be notified of the decision regarding your requested medical exemption.
3. If you are granted a medical exemption, you will be required to undergo twice a week COVID-19 testing in addition to observing all COVID-19 health and safety protocols.

Return Completed Form to HR:

Crown Consulting, Inc. Attn: Martha Sumrall Boshnick
msumrall@crownci.com