

Covid-19 Vaccination – Declination Statement
(Must accompany Medical or Religious Application for Exemption)

Please print information below:

Employee Name: _____ Personal Phone #: _____
Date of Birth: ____ / ____ / ____ Title/Position: _____
Department/Unit: _____ Manager/Supervisor: _____

Declination of Covid-19 Vaccination (Please Initial Beside Each Paragraph):

_____ I understand that due to my occupational exposure, I may be at risk of acquiring infection. In addition, I may spread **Covid-19** to my patients, coworkers, and/or my family, even if I have no symptoms. This can result in serious infection, particularly in persons at high risk for **Covid-19** complications.

_____ I have received education about the effectiveness of the **Covid-19** vaccination as well as the adverse events. I have also been given the opportunity to be vaccinated with **Covid-19** vaccine at no charge to myself. However, I decline **Covid-19** vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring **Covid-19**, potentially resulting in transmission to my patients, coworkers, and/or family. If in the future I want to be vaccinated with **Covid-19** vaccine, I can receive the vaccine at no charge to me.

Reason for declining:

_____ **I request a medical application for exemption (The Request for Medical Application for exemption Form must be completed and returned to Employee Health Services (EHS).**

_____ **I request a religious application for exemption (The Request for Religious Application for exemption Form must be completed and returned to Employee/Labor Relations & Workforce Management.)**

Employee signature: _____ **Date:** _____

PLEASE EMAIL THIS DECLINATION STATEMENT TO: JHS-Covid@jhsmiami.org

Jackson Health System –Employee Health Services
Jackson Medical Towers
1500 NW 12th Avenue Suite #1103
Miami, FL 33136

Designated For Official Use Only:

Approved on: ____/____/____ Approving Staff Signature: _____

Covid-19 Vaccination – Request for Religious Application for Exemption

Section 1. To be completed by the Employee:

Employee Name: _____ Religious Belief/Practice: _____
Employee E-mail: _____ Church/Worship Center: _____
Personal Phone #: _____ Contact Person: _____
Date of Birth: ____ / ____ / ____ Contact Phone #: _____
Department/Unit: _____ Manager/Supervisor: _____

I authorize the release of documentation and/or information regarding my religious practice or belief to Jackson Health System, solely for the purpose of evaluating my request for an application for exemption from receiving the **Covid-19** vaccination. **This authorization is valid for a period one (1) year**, unless revoked by me in writing to Jackson Health System. I hereby acknowledge that I am fully informed that if the necessary information is not released, my request for an application for exemption may be denied.

Employee Signature: _____ **Date:** _____

Section 2. To be completed by the Church/Worship Center:

The Jackson Health System (JHS) is committed to diversity and respects the religious beliefs of all our employees. The JHS may provide an application for exemption to anyone that does not wish to receive the vaccine for a verifiable and sincerely held religious belief or practice. This may include but is not necessarily limited to: documentation from religious text specifically prohibiting the vaccine accompanied by employee affidavit, and/or letter from religious leader on official letterhead speaking to employee's religious affiliation.

I certify that _____ is a member/believer/practitioner of _____ and as such has a sincerely held religious belief or practice which prohibits him/her from receiving the **Covid-19 vaccination**. I therefore request that he/she be granted a religious application for exemption from the **Covid-19** vaccination.

Signature of Church/Worship Center Representative: _____ **Date:** _____

Printed Name: _____ **Title:** _____

PLEASE EMAIL THIS RELIGIOUS APPLICATION FOR EXEMPTION TO: JHS-Covid@jhsmiami.org

Jackson Health System – Employee/Labor Relations
Jackson Medical Towers
1500 NW 12th Avenue Suite 1103
Miami, FL 33136

Designated Official Use Only:

Religious Application for exemption Approved on: ____ / ____ / ____ Approving Staff Signature: _____