

**Sierra View Medical Center  
Required COVID-19 Vaccination  
Religious Exemption Request Form**

First Name (Print): \_\_\_\_\_ Last Name (Print): \_\_\_\_\_ Date \_\_\_\_\_

Position: \_\_\_\_\_ Department: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

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The State of California, Public Health Order has mandated all healthcare workers to receive a COVID-19 vaccination.

Sierra View Medical Center (SVMC) is committed to providing equal employment opportunities without regard to any protected status and a work environment that is free of unlawful harassment, discrimination, and retaliation. SVMC is committed to complying with all laws protecting employees' religious beliefs and practices.

SVMC is committed to provide a safe, inclusive, and supportive experience for all and recognizes sincere observance of religious beliefs and/or practices as it pertains to the practice of vaccination.

It is also important to understand that requesting a personal religious vaccination exemption does not equate to a workplace religious accommodation. If you need a religious accommodation beyond a request to be exempt from a vaccination, please contact the Human Resources Department.

I understand by receiving this exemption, in order to maintain a safe work environment for patients and staff:

- My Leader(s) will be notified of my exemption
- I will be required to wear a hospital issued surgical mask at all times, unless working in an area that dictates the necessity to wear a N-95
- It is my responsibility to be tested for COVID-19 on a weekly basis through the workforce testing process. Weekly frequency will be determined by employee status and schedule

I consent to the release of this request to all such representatives of Sierra View Medical Center, on a need-to-know basis, in order for the representatives to carry out their duties and to act on my request for an exemption.

**I am submitting this request as an exemption to the COVID-19 immunization requirement based on a sincere and personally held religious belief, which prohibits me from receiving a COVID-19 vaccine.**

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

**Forward completed form and documentation by August 30, 2021 to:** Sierra View Medical Center, Colleen Wilson – HR Manager at [Cwilson@sierra-view.com](mailto:Cwilson@sierra-view.com) (email) **or** 559-791-3820 (fax)

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**FOR HUMAN RESOURCES USE ONLY**

Date Received by Human Resources: \_\_\_\_\_

Date Reviewed by Human Resources: \_\_\_\_\_

Signature of Reviewer: \_\_\_\_\_

Approved       Denied