Name:	Colleague ID:
Date:	
A religious exemption to COVID-19 immunization individual's sincerely held religious belief, practice of 19 vaccination (see Trinity Health's COVID-19 Progression of the practice, or observance includes marght and wrong which are sincerely held with the standard political, or economic philosophies, as well constitute sincerely held religious beliefs.	r observance that prohibits COVID- revention Policy). In this analysis, noral or ethical beliefs as to what is rength of traditional religious views.
In the space provided below, please provide a state religious belief, practice, or observance and how the this belief. Your statement should explain your religion held, and explain in what ways receiving the COVID religious belief. You may attach any documents that	e COVID-19 vaccination will violate us belief, establish that it is sincerely D-19 vaccination conflicts with your
Important: exemption requests are required to be approved annually.	
Statement	
By signing my name, I attest that my statement above	e is true and accurate and that I hold

a sincere religious belief that prohibits COVID-19 vaccination.

Name: