



COVID-19 VACCINATION DECLINATION Religious Beliefs Exemption Supporting Statement Form

Pomona Valley Hospital Medical Center (PVHMC) is committed to complying with all laws protecting Associates' religious beliefs and practices.

To be eligible for a religious belief and practice exemption, the Associate must complete and submit the following reasons that prevent the Associate from being able to take any approved or authorized COVID-19 vaccine (additional page may be used if needed):

- A statement that explains in your own words the nature and tenets of your religious beliefs that form the basis of your objection to receiving any COVID-19 vaccine, and information about when, where, and how you follow these practices or beliefs, OR
- Written religious materials describing the religious belief or practice that support your objection to receiving any COVID-19 vaccine, OR
- Written statements or other documents from third parties, such as religious leaders, practitioners or others with whom you have discussed your religious beliefs and who support your objection to receiving any COVID-19 vaccine.

I affirm that the statement(s) above are true and correct.

Associate Name (PRINT): _____ **Associate Number:** _____

Associate Email: _____ **Associate Phone #:** _____

Associate Signature: _____ **Date:** _____

Religious Committee Review: ___ Approved ___ Not Approved

Committee Chairperson: _____ **Date:** _____