## Affidavit in Support of Religious Objection to COVID-19 Vaccine

Date:

UMMS non-employed provider: When the affidavit below has been filled out, please visit umms.org/NEvaxreporting to complete an online declination and to upload this completed document.

| Employee Name            |   | Email Address      |  |  |
|--------------------------|---|--------------------|--|--|
| UMMS Member Org.         |   | Phone Number       |  |  |
| -                        |   |                    |  |  |
| I am requesting a relig  | gious exemption from the COVID-19 Manda   | tory Vaccination I | Policy and in support of that request  |  |
| state the following:     |   |                    |  |  |
|                          | ly held religious beliefs or practices that pro<br>al, or personal preferences are not "sincere   |                    | _                                      |  |
|                          | 2. The nature of these sincerely held religious beliefs or practices are as follows (please describe the reason why your religious beliefs prohibit you from receiving the COVID-19 vaccine): |                    |  |  |
|                          |   |                    |  |  |
|                          |   |                    |  |  |
|                          |   |                    |  |  |
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|                          |   |                    |  |  |
|                          |   |                    |  |  |
| religious beliefs. I und | m and signing below, I submit that I am pro<br>erstand that I am expected to tell the truth.<br>be subject to corrective action, up to and in   | . If UMMS becom    | es aware that I am not being truthful, |  |
| Employee Signature:      |   |                    |  |  |
|                          |   |                    |  |  |